

A M E R I C A N
JOURNAL OF INSANITY.
FOR JANUARY, 1853.

ARTICLE I.

HISTORY OF THE PENNSYLVANIA HOSPITAL
FOR THE INSANE.—“ *An Address on the occasion of
the Centennial Celebration of the Founding of the Pennsyl-
vania Hospital, delivered June 10, 1851.* By GEORGE
B. WOOD, M. D. Published by the Board of Mana-
gers.” 8vo. Philadelphia: 1851.

We are indebted for a copy of this excellent address
to our friend Jacob G. Morris, one of the Managers of
the Institution.

We extract from its pages the history of the present
Asylum for the Insane, so well known as under the direc-
tion of Dr. Kirkbride.

“A new era now begins in the history of the Hospital. A great
question agitated the minds of the Board, the Contributors, and the
thinking men of the general community. This question had reference
to the insane. Their numbers had increased beyond the means of ac-
commodation. New views in relation to the treatment of this class of
patients had been developed which could not be carried out in the exist-

ing space and arrangements of the house. The Pennsylvania Hospital, which had taken an acknowledged lead in this branch of practical medicine, was falling behind other establishments. They who had the immediate charge of the insane, and I happened to be one of them, felt themselves cramped in their curative efforts, and, seeing their way clearly to better things, were troubled and grieved at the intervening obstacles. There was no opportunity for proper classification, none for bringing duly to bear the vast remedial power of moral influences. It is true that in our Institution, under the enlightened supervision of Rush and others, correct views of insanity and of its management had prevailed and been carried into partial effect, at a very early period, and had undoubtedly been one cause of its wide reputation and popularity. But in the march which we ourselves had been among the first to begin, circumstances were now compelling us to halt. This state of things could be tolerated no longer. Either the care of the insane must be abandoned, or we must conform with the improved views and methods of the day.

"But the reception and care of lunatics were among the very objects of the foundation of the Hospital. The first memorial to the Provincial Assembly refers, in its beginning sentence, to the increasing number of lunatics, as one of the great wants calling for relief. All the legislative grants, all the individual contributions and legacies, were made with the understanding that they were to be appropriated in part to this class of patients. In justice, they could not be abandoned. It was among the highest obligations of the Institution to provide for their proper care and treatment. An extension, then, of the existing accommodations was an imperative duty, I might almost say a necessity. But how, and to what extent was this to be effected?

"Were we to be content with some enlargement of the means already in operation, with some patching of a system which had been outgrown, some repairs of an old edifice the very foundations of which were insecure? This would have been a very short-sighted policy—a very selfish policy—shifting from our own shoulders to those of our successors the burthen that properly belonged to us. No! The true plan, the most efficient, in the end even the cheapest plan, was to begin anew; to desert the old grounds and the old building as insufficient, and as wanted too for other purposes; to adopt the good American system of migration when overcrowded; and to seek a new site and new circumstances corresponding with the magnitude and importance of the object.

"But how was this to be accomplished? Whence were the funds to be obtained? The productive capital of the Hospital could not be touched. The income from this source was sacred. It did not belong to the

"Contributors to the Pennsylvania Hospital;" it belonged under solemn pledges to the sick and destitute poor. There remained then but one alternative—an appeal to the public, or the sale of the beautiful but unproductive lots around the Hospital. The former, it was well known, would, under the circumstances and to the extent desirable, be unavailing. The answer to every hint of such a recourse was—you are rich; you are overburthened with unproductive real estate; make use of your own means, and then if necessary apply to us. It is true that many regretted the loss of those grassy squares; hoped that they might be reserved as breathing places for the crowded city; deprecated even the effect of their loss upon the probable health of the inmates of the Hospital; but they gave no money; they made no offers; they left the Hospital to its own resources. The sale of the grounds then became imperative. The Hospital had bought them with its own money, and had a full right to dispose of them.

"The Contributors at different meetings were consulted upon this important business. At their meeting in May, 1831, they decided that a separate Asylum for the Insane was expedient, and instructed the Managers to propose a suitable site at a future meeting. In May, 1832, and subsequently in 1835, they gave authority to sell the vacant grounds east-west, and south-west of the Hospital, in order to raise money for the new buildings.

"These lots had been purchased originally for about nine thousand dollars; they were sold as authorized by the contributors; and their proceeds before they were expended upon the New Asylum for the Insane, amounted, principal and interest included, to three hundred and twenty-five thousand dollars. They had never yielded an income to the Hospital. In a pecuniary point of view, therefore, this was a pure gain. It was an exchange of unproductive property for the noble establishment which has arisen upon the other side of the Schuylkill, and which has restored to Philadelphia the proud rank she had nearly lost in this great onward movement of humanity.

"The question of a site for this new branch of the Hospital was one of great importance. Happily it was settled in favour of the country. I presume that at present there are scarcely two opinions upon the subject. If any one should still entertain a doubt, let him visit the beautiful spot now occupied by the insane under the charge of this Institution, and he will return with all his doubts removed.

"It is hardly necessary for me to say, that the site selected was a farm extending from the Haverford to the West-chester Road, about two miles west of the city, containing somewhat more than 100 acres.

"The position was, I think, happily selected in reference to healthfulness, convenience, and future availability. A century hence, it is probable that our growing town will have reached these suburban grounds; and that their increased value at that time will enable the Institution to extend its beneficence in a degree proportionate to the inevitable increasing demands upon it.

"The corner stone of "the Pennsylvania Hospital for the Insane," as this establishment is properly styled, was laid June 22d, 1836; and the house was opened for the reception of patients upon the first day of the year 1841. The whole cost of it was sustained without any encroachment upon the productive capital; though the fact, that the profits accruing from the board of insane patients had added very considerably to that capital, might have furnished a plausible excuse for the appropriation of a portion of it, had such appropriation been necessary, to the completion of the new establishment.

"A visit to the Pennsylvania Hospital for the Insane will amply repay any one who either loves the beauties of nature, or the still greater beauties of beneficence in orderly, efficient, and extensive action.—Around the house are pleasure grounds, of more than 40 acres in extent, of finely diversified surface, adorned with grass, shrubbery and trees, with a small wood enclosed, and from various points commanding agreeable rural views. Neat isolated buildings are seen here and there, intended for the amusement or employment of the inmates, or for other purposes connected with their well being. In the midst arises a noble edifice, imposing by its magnitude, striking by its architectural character, arranged internally with every attention to healthfulness and comfort, where every thing is exquisitely clean, every thing in order, and a refreshing atmosphere of kindliness, cheerfulness, and all the gentler virtues seems to breathe peacefully through hall, saloon, and chamber.—Scattered about the grounds, in the different apartments of the main building, or in the out-houses, you encounter persons walking, conversing, reading, or variously occupied, neatly and often handsomely dressed, to whom as you pass you receive an introduction as in ordinary social life; and you find yourself not unfrequently quite at a loss to determine whether the persons met with are really the insane, or whether they may not be visitors or officials in the establishment. From this scene of comfort, of amending health, of cheering hopefulness, your minds wander back to the days of cells, prisons, chains, and the lash; when the eye was offended with rags and filth, the ear wounded by yells, screams, and imprecations, and the heart pained by the images of despair around it; and you thank Heaven that you have been permitted to live in these

times; you bless the hearts, the heads, and the hands which suggested, conceived, and executed all this glorious work of beneficence; and you feel your own hearts swelling with a consciousness of the increased elevation and dignity of human nature itself. Surely no outlay of money is to be regretted which has led to such results."

The statistics of the Hospital are summed up in the following table:

"The Pennsylvania Hospital for the Insane (situated in Philadelphia County about two miles west from the City) was opened for the reception of patients on the first day of the year 1841, since which time there have been admitted into it

Males.	Females.	Pay.	Poor.	Total.
1037	841	1412	466	1878

"Of the whole number admitted have been discharged—

Cured	875
Much Improved	140
Improved	241
Stationary	211
Died	181

1648

Remain under treatment 230

Total, 1878

"The following table exhibits the gradual increase in the number of insane patients in the Hospital, being the number under care at the close of each official year since it was opened.

At the close of the year ending 4th mo. 24,	1841 there were	97 patients.	Average number during the year.
"	1842	" 109	106
"	1843	" 135	120
"	1844	" 147	138
"	1845	" 158	154
"	1846	" 180	169
"	1847	" 188	172
"	1848	" 202	192
"	1849	" 208	202
"	1850	" 230	210
"	1851	" 230	216

"The total number of patients treated for insanity in both branches of the Pennsylvania Hospital since its foundation, in 1752, is 6,134."

ARTICLE II.

THE REV. THOMAS H. GALLAUDET, *as Chaplain
to the Retreat for the Insane at Hartford, Conn.*

Mr. Henry Barnard, whose services in the cause of education have been conspicuous, not long since published a discourse commemorative of the life, character and services of the Rev. Mr. Gallaudet, delivered before the citizens of Hartford, Jan. 7, 1852.

It appears that the late Dr. Woodward contemplated the appointment of a permanent chaplain for the Insane at the Worcester Hospital, and the place was tendered to Mr. Gallaudet. Very shortly afterwards, a similar place was created at the Hartford Asylum, and for several reasons, the latter was accepted. As to Mr. G.'s work in that department, and the usefulness of a chaplain's services to the insane, we quote the words of Mr. Barnard :

"Mr. Gallaudet was appointed; and he entered on his new and interesting field of labor with his usual caution and thoroughness. No man could study his duties with a more prayerful and earnest spirit,—no one could improve more faithfully every opportunity to become intimately acquainted with the peculiarities of the mental and moral condition of the numerous inmates of the Retreat,—no one could aim to act in more perfect accordance with the counsels and directions of the superintending physician,—no one could select with more cautious deliberation the truths of religion which could be advantageously adapted to those who are laboring under mental or moral delusions, or more wisely present the motives which could aid in leading back each to a self-controlling and healthful condition of mind, or administer the consolation that would reach their real or supposed trials. The experience of each successive year furnished accumulating evidence of the usefulness of his labors,

and the efficacy of kind moral treatment and a wise religious influence in the melioration and care of the insane. How beautifully did both his manner and success illustrate the wisdom of that law of kindness, which Dr. Todd impressed on the organization of this Retreat, as the all-pervading and plastic power of its moral discipline!

"O! how vividly did his mode of conversing with the insane, bring back the image and language of that gifted man—the first physician and founder of the Retreat;—how beautifully did the labors of both realize the language in which Whittier describes the true mode of dealing with the insane:

" 'Gentle as angels' ministry,
The guiding hand of love should be,
Which seeks again those chords to bind
Which human woe hath rent apart,—
To heal again the wounded mind,
And bind anew the broken heart.
The hand which tunes to harmony
The cunning harp whose strings are riven,
Must move as light and quietly
As that meek breath of summer heaven
Which woke of old its melody;—
And kindness to the dim of soul,
Whilst aught of rude and stern control
The clouded heart can deeply feel,
Is welcome as the odors fanned
From some unseen and flowering land,
Around the weary seaman's keel!"

"To appreciate the character and value of his services as chaplain, both in the county jail and the Retreat, he should have been seen and heard; and especially at the Retreat, not only in his regular religious teaching on the sabbath and in evening worship, but in his daily visitation among the dim and erratic in soul, and his intercourse with their friends and relatives, who were sorrowing over the wreck of domestic joys and hopes. How simple and wise were his instructions,—how surely did his kindness open the closed doors of their affections,—how like the dew distilled his words of consolation,—how like the notes of David's harp on the unquiet spirit of Saul, fell the tones of his voice over those whose thoughts, it seemed but a moment before, could not rest or be comforted. * * *

"No one familiar with the internal management and concerns of an institution of this character, and with the phenomena of this disease, can hesitate for a moment to recognize the great benefit of these labors and of religious influence, wisely exerted, to the insane. Many of the patients (we use substantially the language of his reports) are in a state

of convalescence, and are fast recovering their original soundness of mind ; and among these and the other patients are a few who well know, by long experience, how to use and prize such privileges. Others are laboring under kinds and degrees of insanity which leave the mind rational with regard to a variety of subjects, religion often being one of them. Some are only periodically affected, and entirely sane during the intervals. Some have perverted moral feelings, obliquities of disposition and temper, while the intellect is capable, in a greater or less degree, of appreciating truth. Of the rest, there are those, indeed, whose minds are so enfeebled or beclouded by their malady, that they may not have any distinct conceptions of religious truth conveyed to them. Yet even these retain some childlike susceptibilities of religious feelings not wholly inaccessible to the salutary impressions which the outward forms alone of divine worship are adapted to produce. Former associations and habits are not yet obliterated. They often give distinct and pleasant indications that the things of religion are among the few objects which still afford them some gratification ; and small as may be the degree of enjoyment and benefit which they can thus experience, Christian sympathy delights to provide this solace for them, careful, in the spirit of the Saviour, ' not to break the bruised reed, nor quench the smoking flax.'

" In estimating the value of these religious exercises there are many things to be taken in account, in addition to their spiritual benefit to the patients, as means of grace that they ought to enjoy in common with their fellow-men around them,—and which things in their aggregate influence have a much greater efficiency than many not familiar with them would suppose. Such are the following : the necessary preparations for attending the religious exercises in a becoming manner, and which fill up a portion of time agreeably and profitably ; the regular return of the stated hour for doing this, and the pleasant anticipations connected with it ; the change of scene from the apartments and halls, to a commodious, cheerful and tasteful chapel, there to unite in the worship of God ; the social feelings induced and gratified ; the waking up of formerly cherish-associations and habits ; the soothing, consoling and elevating influence of sacred music ; the listening intelligently to the interesting truths of the word of God, and uniting in the heart in rendering him that homage which is his first due, as is, beyond doubt, the case with not a few of the patients ; the successful exercise of self-control, so strikingly and continually exhibited by those who need to exercise it ; the having their own place of worship, and their own minister whom they regard as the peculiar pastor of the little flock to which they belong ; the habits of punctuality, order and decorum they acquire, and relish, in going to and

returning from the accustomed place of their devotions,—the two sexes having their separate avenues for entering and withdrawing, connected with the male and female sides of the institution, and their appropriate distinct seats while assembled together: the feeling that, in all this, they are treated like other folks, and act as other folks do, and the subsequent satisfaction, a part of our common nature, which many of them experience in the reflection that they have performed an important duty.

“The sabbath, it may be added, would be to many of the inmates of the Retreat a monotonous and tedious day, if it were not enlivened and cheered by their coming together for religious worship. This has often been noticed, and also that they manifest a strong and even restless desire to have the usual religious exercises return, when, as will sometimes happen from peculiar circumstances, they have been temporarily suspended.”

ARTICLE III.

ON THE MEDICO-LEGAL QUESTION OF THE
CONFINEMENT OF THE INSANE. By JOHN M.
GALT, M. D., *Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburgh.*

At the Annual Meeting of the Superintendents of Lunatic Asylums, in June 1850, Dr. Galt read two papers, one of which—“*On the Organization of Asylums for the Insane*,”—has appeared in this Journal (vol. vii. p. 45.). The author has subsequently published both in pamphlet form, a copy of which reached us in September last, accompanied with the Annual Report of the Eastern Asy-

lum, which last we have noticed elsewhere (p. 195-7). We republish, with great pleasure, the following essay :

“ The subject on which I have been instructed to report, is somewhat peculiar, in the fact that it may be referred conjointly to two important professions—medicine and law. With regard to the considerations which appertain to the first half of the compound term, the indications for the confinement of persons laboring under insanity are manifest in a number of cases. Taking those which are clearly proved to belong to mental derangement, it is obvious for example, that the medical treatment will be very uncertain, if the patient is allowed to go at large and to act according to his own fancy. In most instances, which at all approach the maniacal type, the individual then must be confined on his own account, for his own welfare. Here any scruples as to personal rights are necessarily to be waived, being dispelled by the advantages which accrue to the patient himself from placing him either in positive confinement, or under such a degree of control, as will enable the physician to give suitable directions in the way of treatment, and further, to ensure the certainty of these directions being carried into effect. In this view, and under the present head, what is entitled moral treatment and the deductions in connection with it, fall under the general division of medical treatment, as contradistinguished from the second question, or the considerations arising as to the legal necessity of restrictions on the insane. Upon the ground so stated, another principle for confining this class is found in the circumstance, that should the patient be left to indulge his peculiar morbid ideas and propensities unchecked, there is an increased intensity given to them; hence, one of the rules of moral management, to lessen the force of these, by exciting in the diseased mind new trains of healthy thoughts and emotions; but to effect this, pre-supposes the exercise of a due degree of control over the individual. If for these and other reasons which might be mentioned, it be both justifiable and judicious to confine a lunatic at home or elsewhere, so far as the benefit from medical supervision is concerned, the argument has the greater force when applied to isolation in an asylum, because here the means of effecting good results through the agency of treatment, are much more efficient and extensive, than in general could be provided in any other situation. This conclusion has been so universal, that it scarcely seems necessary, either to enter into the comparative merits of treatment in asylums properly managed and constituted, and that pursued elsewhere, or, on the other hand, to discuss the essential difference as to various points between the two modes of action. Suffice it to

state, that medical authorities in all civilized countries, are agreed as to the superiority of asylums in this regard. And there is not a doubt on the score of humanity, that this greater efficacy altogether justifies the increased abridgement of liberty, which is sometimes the lot of the insane when thus situated. Whilst we consider, however, the lamentable condition of those confined in prisons, and also of some in confinement at home; whilst we view with feelings of compassion the utter misery attending the situation of a large number of these unfortunates in every land, we cannot but conclude that the natural liberty of a citizen is practically and in reality far more affected by a residence in localities like these, than when he dwells within the precincts of an asylum. In such an establishment, the mournful isolation of dark and louthsome dens, and the degradation of chains and stripes are done away with entirely, and the hapless lunatic can still receive unrestrained, at least the mitigating influences of light and air. As respects the pauper insane, there are few who can be retained with their friends, compared with those to whom an asylum is suitable; but doubtless in a medical aspect, there are amongst the wealthy patients who might be advantageously managed in private. In this matter much reflection is requisite. For example, the number and character of the friends, by whom an individual will be environed at home, are circumstances worthy of great attention; whether, in other words, they are in the first place persons of intelligence; and secondly, whether there will be such a loving devotion to his care as will eventuate either in his restoration to sanity, or in an amelioration of the morbid symptoms, and which will conduce to secure to him the greatest possible comfort, of which he is at all susceptible. The particular features of the patient's disease, and the attendant circumstances generally analogous to those just mentioned, must govern our decision in each separate instance. On this subject, Dr. Jacobi acknowledges his readiness to admit, that many harmless, low-spirited or hypochondriacal patients regain their health more easily in the tranquility of a domestic circle in the country, and under proper direction, than in any other position; the situation itself forming for individual cases of the kind the best remedial means. He afterwards comments on the difficulty of finding persons in private, willing and duly qualified to make the necessary exertions in behalf of those so afflicted. It should not be forgotten also, that a severance from familiar scenes, associations and persons, is, according to universal experience, almost invariably a measure of advantage in the treatment of insanity.

"Most asylums for the insane have not only to be looked upon as curative establishments, but also as adding much to the comfort of a large

number of lunatics, who must be considered as decidedly incurable. It is a somewhat different question as to these, and as to individuals laboring under the early and curable stages of insanity. The question now concerns a permanent location: it is, whether a lunatic shall reside as a continuous mode of life in an institution for the insane, or shall spend his days elsewhere? Here the decision to which we ultimately arrive, should also be determined by the character of the patient's mental affection, and his condition as to friends and other modifying circumstances. For if it is evident, that he would be far more comfortable in an asylum than at home, then the abstraction of his liberty in obtaining such a residence is perfectly justifiable. In a medical point of view, perhaps the order of cases causing the most perplexity, are those which fall into a line intermediate between mere eccentricity and positive insanity; these are not usually recent in their origin when first especially observed. What we have to determine, is indeed whether we shall allow an individual to lead a sort of life most uncomfortable to himself, if we judge his feelings by those of other persons, or shall we bestow on him the comforts of an asylum, whilst at the same time he is averse to a procedure of the kind, has property for his support, inflicts no direct bodily injury on himself or others, and yet lives in a manner which must be painful to himself, or which renders him very annoying to his friends and connections.

"With regard to the second head of the subject that has been allotted to us for discussion, an eminent jurist of Massachusetts remarks, that the right to deprive an insane person of his liberty, is found in the great law of humanity, which makes it necessary to confine those, whose going at large would be dangerous to themselves or others. And he further observes, that if this were otherwise, we could not even venture to restrain an individual in the delirium of a fever, or in the case of a person seized with a convulsion. Again, as concerns the confinement of those laboring under forms of insanity, which lead them to destructive acts of various sorts, the necessity of this is so apparent, that we may take it for granted that there are regulations to this effect amongst all civilized nations. It is just as necessary to guard the public from being injured by these, as it is to protect them against the violence of real criminals. With regard to interdiction, it may be simply remarked, that under all legal systems, from the Roman jurisprudence down to the different codes of our own time, the grant of this power has been thought requisite. But who shall draw the line of distinction between a form of insanity which is dangerous, and one which is not so; *definitio est periculosa*. When we peruse the history of various cases in works on insanity, we

find that some of the most horrid acts have been committed by monomaniacs. So also as respects the comparative mental condition of individuals affected with moral insanity; is there any variety of mental disease, which oftener renders its victims unmanageable and exceedingly troublesome? Instances, too, are not uncommon, in which the demented have committed the most fearful outrages. Hence it is that jurists of this country have asserted it to be the *duty* of friends to take the necessary steps for providing a proper degree of restraint to those afflicted with mental derangement; and that in their judgment, although unsanctioned by any statutory provision, their confinement in an asylum is not consequently a violation of a natural right. Hence, also, in an article published during the present year, we find Dr. Winslow declaring that no person evidently deranged in mind, should be permitted to go at large, without some degree of surveillance; and that society must be protected against the insane, and the insane *against themselves*.

"Forsaking temporarily the general subject of the confinement of the insane, it seems necessary to touch here on two subordinate points, relative to the same topic. The first of these has reference to that psychological condition, entitled a lucid interval. There are many cases of insanity which are periodical in their character; in a ratio with the approach of a patient's mind to complete insanity in these intervals, and with their comparative duration, will he have more or less the right to demand a withdrawal of interdiction and isolation? Each instance, we think, should be determined by its own essential characteristics. And we ought, therefore, to lean to one side or the other; that is, forbid or allow restriction, in accordance with the degree of the lucidity, its duration, and also the wishes of the individual, and his prospects of self-support when he shall be sole master of his own actions. Difficulties may certainly occur here, but practical good sense should be permitted to disentangle our doubts, and enable us to arrive at a proper conclusion.

"A second point of consideration, is the length of time that a patient should remain in an asylum after convalescence has appeared. Now it is manifest that in such a retention, we are temporarily confining a man who is sane. This, we think, however, entirely justifiable, inasmuch as nearly all writers on insanity agree as to the necessity of occupying due time in the consolidation of a cure; the reports of various institutions for the insane, exhibit this fact very plainly. And we should not hesitate in thus restraining a patient, merely to gratify the ultraism of fanatical excitement and visionary theories of liberty. Moreover, we think that a just regard to the safety of the public or of the patient himself, authorizes the retention for a longer period than usual of individuals,

who, whilst insane, have committed homicide or attempted self-destruction; for the risk involved in permitting a person to go at large, in whom propensities so dangerous might be still latent, is sufficiently great to require a conviction approaching certainty on the part of a superintendent that the mental disturbance is removed at the time of discharge.

"Having assigned the reasons why a person when insane should be subject to confinement, it remains for us to look somewhat in a contrary direction, by turning the view to abuses which have attended the exercise of this power of isolation. Individuals merely eccentric, or altogether unaffected in mind, have been incarcerated, not for their own good nor for the safety of the public, but only with the pretence of insanity to carry out evil designs on their property, or to serve some other unholy purpose. This has been the occasional result in many foreign countries, though we have scarcely heard of any cases of the kind in the United States. As concerns American asylums, the very few supposed examples in which a portion of the public have deemed otherwise, in our opinion were wholly fallacious.

"There are, then, two purposes to aim at, in instituting legal provisions for the confinement of the insane. First, that the advantages inuring to hospital treatment, and particularly as regards recent cases, should be fostered, as far as possible, by a wise legislation. And secondly, that all abuses should be subject to correction, by the invariable establishment of a watchful and entirely paramount supervision—a supervision by its characteristic features, removed to as great an extent, as is feasible in human affairs, from the probable action of selfish motives. With regard to the first of these principles, circumstances must so vary its action, that we have no space to enter into details. For example, the means of support possessed by an asylum, or by the patients therein, the extent of a country, the reputation of an institution, and other modifying influences. On the whole, it may be remarked, that whilst the laws, in appointing an authority to judge of a person's sanity and take the responsibility of confining him, should be such as will ensure the deliberate action of an unbiassed tribunal, at the same time they should never be so complicated or of a nature that would create difficulties in sending an insane patient to a hospital, at an early stage of his mental disease.

"Perhaps some legislation is needed here in most communities; for it is a common cause of complaint with medical superintendents, that the insane are but too often kept back from asylums, until they have become wholly incurable. Respecting the prevention of false imprisonment, the great measure for this end is embodied in an aphorism of Millingen, to the effect that 'All lunatic asylums, whether public or private:

should be placed under the immediate care of government.' With regard to the steps made necessary for restrictions on the insane elsewhere than in an asylum, a carefully devised local tribunal is not an entirely sufficient safeguard against corruption; there should also be some central authority emanating from the government of a State, and having wide powers of investigation.

"We cannot avoid thinking, moreover, that the free entrance of visitors into asylums, has an excellent tendency in relation to their custodial functions. Under this regulation, in instances in which the reputation of an institution is jeopardized, pre-conceived notions on the part of communities, or an entire want of previous reflection, are not so liable to exert a pernicious effect. If, for example, the accusation is raised that sane persons are confined in the demesnes of a hospital, there will be most probably, a number of visitors who can contradict such a report. We waive here the question as to the moral influence upon the insane, from the introduction of visitors, but would simply remark, that our opinions on this point have been heretofore expressed, and that our views and experience are directly opposite to those of most of our medical brethren.

"In conclusion we may venture to observe, that although as to the confinement of persons in asylums, public opinion is often in the wrong, yet caution is requisite from the managers of those charities, lest an institution should be placed here in a false position. If the opinion and action of the public are evinced decidedly against the confinement of an individual as being an unfit subject for the process, although to those experienced in the symptoms of insanity the reverse may seem clear; admitting also, that the legal right of restriction is fully in the hands of those having charge of an asylum, it is still, to say the least, doubtful whether this right should be exercised.

"The matter evidently stands thus: so far as the welfare of the institution is concerned, it makes no difference whether the supposed lunatic is committed to its care or not; but by insisting on the use of a lawful power, it inevitably gives color to the accusation of improper motives. In our judgment it would be better to yield to the wishes of the community, at the same time making a public protest against the erroneous train of ideas by which they are deceived. This we believe, too, is the proper course, not only to avoid the false imputation to which we have referred, but for the especial reason in addition, that in a republic, respect is always due to the opinions of the people."

ARTICLE IV.

INSTITUTIONS FOR THE INSANE IN PRUSSIA,
AUSTRIA AND GERMANY.*—By *PLINY EARLE*,
M. D., late Physician to the Bloomingdale Asylum for
the Insane, New-York.

P R U S S I A .

In giving a list of the institutions, their German titles, so far as I am acquainted with them, are retained, both as a matter of convenience for future reference, and because, in some instances, it would be difficult to translate them literally, and retain their signification; while, if it be attempted to preserve their meaning, the title becomes a phrase, somewhat too prolix.

1. RHENISH PROVINCES.

Provinzial Irren-Heilanstalt, at Siegburg.

“ Irren Versorgungsanstalt, at Andernach.

Provinzial Irren Versorgungsanstalt, at Dusseldorf.

Aununziaten Anstalt, at Aix La Chapelle.

Barmherzige Brueder Anstalt, at Aix La Chapelle.

Land-Armenhaus, at Treves.

Privat-Irrenanstalt, at Endenich.

2. WESTPHALIA.

Provinzial Irren Heil-und-Pflegeanstalt Marsburg, at
Marsburg.

Irren Pflegeanstalt, at Gesecke.

* Continued from page 150.

3. PRUSSIAN SAXONY.

Provinzial Irren Heil-und-Pflegeanstalt, at Halle.

4. POMERANIA.

Irrenheilanstalt, at Griefswald.

Irrenanstalt, at Stralsund.

Irrenanstalt, at Rugenwald.

5. BRANDENBURG.

Charité-Irrenheilanstalt, at Berlin.

Arbeits-haus, at Berlin.

Privat-Irrenanstalten, at Berlin.

Landes Irrenanstalt, at New Ruppin.

Irrenanstalt, at Sorau.

6. SILESIA.

Provinzial Irren Heil-und-Pflegeanstalt, at Leubus.

“ Irren Pflegeanstalt at Brieg.

“ Irren Pflegeanstalt, at Plagwitz.

Allerheiligen Krankenhaus, at Breslau.

7. POSEN.

Provinzial Irren-Heilanstalt Owinsk, at Posen.

8. EAST PRUSSIA AND LITHUNIA.

Irrenanstalt, at Koenigsberg.

Irren-Heil-und-Pflegeanstalt, at Paterswald.

9. WEST PRUSSIA.

Irren-Heil-und-Pflegeanstalt, (proposed) at Schwetz.

1. RHENISH PROVINCES.

THE INSTITUTION AT SIEGBURG.

The Hospital at Siegburg is more generally known, in the United States, than any other similar institution in middle Europe, principally through the writings of its Superintendent, Dr. Maximilian Jacobi. Hence a very minutely detailed description is unnecessary.

The town of Siegburg is upon the river Sieg, about four miles above its confluence with the Rhine. It is sixteen miles eastwardly from Cologne, and five miles northerly from Bonn. Upon its borders, an isolated hill, called the Rock of St. Michael, rises abruptly, from the surrounding plain, to the height of about two hundred feet. Its declivities in many places present the bold outlines of rugged and precipitous cliffs, and the Hospital crowns its summit. Thus elevated, it commands a prospect extensive, diversified and picturesque, including the adjacent country, the Sieg, the Rhine, Bonn, and the Siebengebirge, or Seven-Mountains, one of which is

“The castled crag of Drachenfels,”

immortalised in the verse of Byron, and in the legendary tales of the country.

The sides of the hill belong to the institution, and, where the cliffs present no insurmountable impediment to cultivation, are handsomely laid out, in some places into fields of grass, in others into gardens, planted with vegetables, flowers, shrubbery and trees. Shady avenues furnish delightful promenades in summer, and ter-

paces among the cliffs command agreeable views. The quantity of land is equal to about fifty Magdeburg acres.

The buildings were originally erected and occupied as a monastery, which was founded by Archbishop Hanno, of the Benedictine Order, in A. D. 1051. Upon one of the more modern, the date of its construction, 1651, is still to be seen, in enormous iron figures. The buildings are not only old, but irregular, and, measured by the present degree of knowledge in regard to such establishments, but poorly adapted, by their position and internal architecture, to the purpose for which they are now occupied. He who, after reading Dr. Jacobi's description of a model institution, shall visit this with the expectation of finding something to correspond with the ideal presented in that excellent treatise, or who comes from the newly-erected establishments in Great Britain or America, in the anticipation of seeing them excelled, or even equalled, will certainly be disappointed. But perfection of architectural arrangements, although a valuable aid, are not absolutely essential to good discipline, or to skilful medical and effective moral treatment. As Siegburg was the first, so it has been the most celebrated of the curative institutions for the insane in Prussia. Its foundation, in 1825, formed a memorable epoch in their history, and its reputation was soon disseminated throughout enlightened Europe. In all the German States, it has had, until recently, no rival competitor other than Sonnenstein. At the present time, however, this has become a matter of history,—a memory of the past. Progress in the art as well as the science of the treatment of mental alienation, has brought into existence other hospitals, erected for the specific object, and conducted by men whose qualifications—be it said without detriment to

either party—are not inferior to those of the learned Jacobi.

The expense of repairing the buildings of the old Abbey at Siegburg, and adapting them to their present use, was 106,536 thalers. They were intended for the accommodation of two hundred patients. The rooms, excepting in the department for the violent, are very large. Their floors are of wood, generally painted; but those of the corridors are stone. The apartments for high-priced patients are supplied with sofas, and other furniture to correspond, with the exception of carpets. The bedsteads are mostly iron.

The food is carried by hand from the kitchen, (which is in the basement,) being previously measured into rations for the patients. The practice last mentioned has its origin in the method by which the food is supplied. The institution contracts with a restaurateur to occupy the kitchen and furnish meals of a certain general description, the quality varying for the several classes of patients, at so much per ration. The food is cooked by steam.

The bath-room is large, but its implements rudely constructed and inconvenient. There are no partitions between the tubs; and several of these are of stone, six or eight inches in thickness. A metallic cistern, large and deep, is used as a plunge bath. The shower has no enclosure. The patient subjected to it involuntarily is confined in a strong chair beneath it. One of the greatest inconveniences of the elevated position of the establishment, is the difficulty of obtaining an adequate supply of water.

The salaries of the officers are as follows. Superintendent, 2,130 thalers, and dwelling. Assistant-Physicians, 780 and 340 thalers; Protestant Chaplain, 460; Catholic do, 400; Steward, 800, Oekonom 550 thalers.

The foregoing are furnished also with apartments. The following have both rooms and board; Secretary, 200 thalers; First Male Supervisor, 150; 2d do, 90; Female Supervisor, 120; Teacher, 100 thalers.

The price of board for patients varies from 175 to 525 rix dollars, per annum, for natives of the province; from 250 to 625 for those of other Prussian provinces; and from 300 to 675 for foreigners. The poor are clothed by the institution. With an average of two hundred patients, there are forty-two attendants, exclusive of the supervisors. The whole number of employés, including officers, is seventy-four; the annual expenses of the establishment, from thirty-five to forty thousand thalers.

Manual labor is here, as generally, elsewhere, considered the most effective of the curative means ranked under the head of moral treatment. A large part of the patients work. They are given to understand, soon after admission, that this, as a matter of course, is expected of them. Tobacco and snuff are given as an inducement, or recompense, to those who labor. The men of the higher classes of pay-patients keep the walks in the gardens and other grounds clear, and engage in various light agricultural and horticultural employments.

Among the out-of-door amusements, I noticed one which is a favorite of the people of France, and often seen in the Champs Elysées, at Paris, and, on fête days, at the surrounding towns and villages. It consists in shooting, generally with cross-bow and arrow, or slug, at a bird, either real or artificial, attached to the top of a pole, some thirty feet in height.

The patients have the use of a library. Parties, with the presentation of gifts, are given upon holidays; and theatrical exhibitions furnish entertainment during some of the winter evenings. The patients are instructed in

literary knowledge and in music. Pianos and other instruments are not wanting. The officers of the institution have published a book* of selections from the best German songs, specially adapted to the use of the patients. It has been introduced at Illenau, Winnenthal, and probably at other institutions.

Prayers are read every morning and evening, and religious services performed, both forenoon and afternoon, on the Sabbath. The chapel, an old gothic building, is large enough to accommodate several hundreds of persons.

The several wards of the Hospital are named after physicians distinguished in the field of insanity, and, over the doors of the patients' rooms, are the names of some virtue or commendable quality; as resignation, obedience, tranquillity, peace, silence, order, &c.

The camisole and the "tranquilizing-chair," are the principal means of bodily restraint. The chair is simple in its construction, being made of plank, so thick as to defy any ordinary efforts to break it. It is cushioned and padded. The patient being seated in it, a partition separates his legs, a door is closed in front of them, and a lid shuts over the knees. There are no attachments for confining the hands. The camisole is used for that purpose, when necessary.

On the 30th of September, 1844, the number of patients in the hospital was—

	Males.	Fem.	Total.
Admitted in two years,	128	82	210
	180	137	317
Whole number,	308	219	527

* *Deutsche Liederlust. Eine Auswahl der vorzueglichsten Volklieder, mit einstimmigen Tonweisen, fur gesellige Kreise.*

	Males.	Fem.	Total.
Discharged, Cured,	80	76	156
" Improved,	9	6	15
" Incurable,	91	50	141
" "Went out before cured,"	2	0	2
" Died,	10	9	19
Remaining, Sept. 30, 1846,	116	78	194
Of those admitted, Were single,	103	73	176
" Married and widowed,	77	66	143

The subjoined table, furnished by Dr. Jacobi, is one of the most valuable contributions ever made to the statistics of insanity.

	Males.	Fem.	Total.
From Jan. 1st, 1825, to Dec. 31st, 1845, the number of patients cured was,	377	284	661
Living at the end of this period, and have had no relapse,	169	153	322*
Relapsed and cured again here,	79	48	127
“ and not yet cured,	5	6	11
“ and become incurable,	34	30	64
Died, without a relapse,	43	25	68
“ in a relapse,	39	18	57
No information received from	8	4	12

The American traveler, if a lover of the picturesque, might come to Siegburg to enjoy a landscape rarely equalled; but if he be a physician, seeking merely improvement in his profession, the principal attraction is an acquaintance with the Medical Officers of the Institution.

Dr. Jacobi is somewhat advanced in years,[†] yet his frame is still robust, his presence commanding, his man-

* This table was taken from the *Annales Medico-Psychologiques*. Our impression is, that Dr. Jacobi, in the original article, states that of these 322 patients, 3 men and 7 women, a total of 10, had relapsed and recovered again without being brought to the Asylum. This table has also appeared in vol. viii., page 96, of the *American Journal of Insanity*.

† On the 21st of March, 1847, a "Jubilæum" in honor of the day, as the fiftieth anniversary of the Doctorate of Maximilian Jacobi, took place at Siegburg. It was attended by distinguished persons, not of Germany alone, but also of England and France. Among the latter were Sir Alexander Morison, of the Southwark Asylum, London, Samuel Tuke, Dr. Corsellis and his wife, of the Wakefield Asylum, and Dr. Falret, of the Salpêtrière, at Paris. In the morning, a procession composed of the former physicians, chaplains, and other officers, the subalterns and many of the patients of the Institution marched to

ners unpretending and affable, yet stamped with the seal of manly dignity. His resemblance to Dr. S. B. Woodward, late of the Massachusetts State Hospital, is remarkably striking. He was temporarily indisposed, and did not visit the patients during the two days upon which I was at Siegburg. I saw him, however, at his residence, a detached dwelling, embowered in trees and shrubbery, upon the declivity of the hill. During the course of conversation he remarked that many of the Prussian physicians bleed, in cases of mania, but that the practice is deleterious, frequently confirming rather than meliorating the disease.

Of every hundred cases of recovery in the hospital he thinks that no more than twenty are effected by med-

the residence of the Doctor, to "wish him joy." After the usual Sabbath services in the chapel, he was saluted by the deputations of the civil and military officers of the city and the province, of the Royal Military College, the General Commander of the Eighth Regiment of the Army, and of the Governments of Coblenz, Treves, Aix la Chapelle, and Dusseldorf; the Chief President of the Royal (Provincial) Government, at Cologne, being at their head. The guests afterwards assembled in a hall in the city, and partook of a dinner which, as at many other public celebrations, was enlivened by toasts and songs. The festa was closed in the evening by an illumination, and a musical and theatrical entertainment in the Asylum.

The occasion was seized, on the proposition of Dr. Mansfield, formerly assistant physician at Siegburg, but now connected with the Asylum at Brunswick, for the formation of a Society, under the name of 'The Jacobi Foundation.' The object of this Association is "the improvement of the care of the insane, by improving the attendants in the Rhenish provincial curative institution, Siegburg. This object is to be attained, firstly, by giving premiums, on each anniversary, to such attendants as, by enduring faithfulness in the discharge of their duties, in reference to which prominent acts of self-sacrifice will be considered, have distinguished themselves; and, secondly, by elevating the moral and intellectual education of the attendants." A subscription amounting to ninety-five rix dollars was raised at the time, and is to be increased by further contributions.

Dr. Jacobi was also honored, upon the occasion, by the grant of the Order of the Red Eagle, of the third class.

In regard to the Jubilee, a writer in one of the Rhenish journals, says: "It was a beautiful feast—a feast for the recognition of enduring, quiet, unwearied, and spiritually imbued labor, a labor the widely-comprehending signification of which can only after a long time be fully felt, and then, in the hearts of those alone who know how to appreciate such philanthropy because they, themselves, possess it. May the Rhine-provinces, may Germany, may all mankind never lack for men who, kind and virtuous, give up their lives to the service of suffering humanity. Their day of honor will not fail to come, although they may not seek for it."

ical treatment. The remainder are attributed to the hygienic, disciplinary and moral means. During the last few years he has employed opium with benefit, in melancholia, but not in mania. He sometimes uses setons, but only as a dernier resort. A more favorite external remedy, and one in which he appears to place great confidence, is tartar emetic. The vertex of the head being shaved, antimonial ointment is applied to it, upon a surface of the size of a dollar, until it produces ulceration. If the ulcer has become deep, with swelling of the integuments of the scalp and forehead, and threatening injury to the bone, the application must be suspended. He related the case of one man who was subjected to this treatment. The patient had been insane more than two years, and had constantly been under the hallucination that he was the owner of four hundred ships. After the ulcer upon his head had discharged for some time, he was improved in every respect and the number of his ships had diminished to one hundred. The scalp was permitted to heal and improvement ceased. Six weeks afterwards the antimony was resumed and the discharge re-established. The patient soon lost his one hundred ships, and was cured.

Dr. Jacobi remarked that he always hails with pleasure the appearance of intermittent fever among his patients, since it generally results in the permanent cure of several of them from their mental disorder. He frequently has women, in whose cases the menses have been suppressed, recover from their insanity before the re-appearance of that discharge. It generally returns, however, soon after recovery. He spoke of the great utility of judicious chaplains in an institution for the insane, but of the absolute necessity that they should be subordinate to the presiding medical officer.

Dr. Augustus Focké, the Second Physician, though still quite young, appears to combine an excellent judgment with extensive erudition in the branch of the profession to which he is devoted. He has not only visited all the principal hospitals for the insane throughout the countries in which the German language is spoken, but has passed five months in some of the best of similar institutions in Great Britain. He speaks English with fluency, and I am indebted to him for much information, both of fact and opinion. A portion of this is embodied below.

The German physicians study mental diseases very thoroughly and minutely. At Siegburg, a consultation of all the physicians of the institution is held upon every case, soon after admission, and as frequently, afterwards, as circumstances require. Local bleeding upon the back of the neck is occasionally prescribed, and sometimes, though rarely, the head is shaved and cups applied to the scalp. Mania frequently originates in, or is accompanied by debility, and venesection is consequently, as a general rule, injurious. Those physicians who bleed in these cases "kill their patients." The warm bath is preferable to the cold in mania, but the reverse obtains in melancholia. The cold plunge-bath is useful in the latter, but injurious in the former. Some physicians give too much medicine in mental disorders. "They appear to regard the stomach as a kind of post-office, for the deposit of missives directed to each and every organ of the body."

The miasma of the country around Siegburg produces much intermittent fever. It causes *some* cases of insanity, but cures *many*.

A few cases of paralysie générale have so far recovered, at this institution, as to be able to return to their homes,

They have, however, without exception, been readmitted. Dr. F. has never known an instance of cure. Patients suffering under this malady should have a generous diet, but not be permitted to eat too much. Bleeding them, either locally or generally, is detrimental. The only medication from which he has observed beneficial effects, is strychnia. This overcomes the habitual costiveness which almost invariably accompanies the disease. Dr. Focké is a contributor to the *Journal for Psychiatrie*. Among his articles see one upon "Typical Insanity" and another "On deciding upon the Incurability of Insanity."

ASYLUM FOR INCURABLES, AT ANDERNACH.

The ancient city of Andernach is upon the bank of the Rhine, about forty miles above Cologne and twelve below Coblenz. It nestles, as if for shelter from the winds, under the eastern extremity of the first range of basaltic mountains, upon the southern shore of the time honored, "wide and winding river" which flows before it. The scenery of its neighborhood is among the most romantic of all for which the region of the Rhine is so justly celebrated, while its cathedral church, erected in the twelfth century, and its still more ancient city walls, with their massive towers and imposing gateways, furnish mental aliment to the lover of the mementoes of olden time.

The Asylum for the insane is about one mile from either the eastern or the western gate of the city, and may be approached from either of them. It is built upon the remains of the Abbey of St. Thomas, the chapel of which is now occupied as the workshop of a cabinet maker. The principal edifice is not very old, and is built in a plain and economical manner. It is mostly

divided into wards which accommodate from twelve to twenty persons each; and every ward has both a dormitory and a day room, the latter also used as a dining-room. The corridors, which are very narrow, generally run through the middle of the building, with apartments upon either side. The windows are guarded, externally, by upright iron bars. The bedsteads for the quiet patients are strong, plank bunks, the tops of the sides being a little scooped. Each is furnished with two mattresses, one straw, the other horse-hair. The beds were all neatly made up, and the linen very clean and white. The stoves by which the wards are heated, are placed in the rooms occupied by patients, but open, through an aperture in the wall, into the corridors, where they are supplied with fuel by the attendants. The ceilings are only of medium height, and, with the exception hereafter mentioned, there is no means of ventilation except by doors and windows,—a defect which, in some departments, was very evident. This obviously arose from architectural deficiencies, since every thing else bespoke the most strict attention to cleanliness.

About seven-eighths of the patients sleep in associated dormitories, accompanied, in each, by an attendant, whose bed is separated from the others by a wooden lattice.

The departments for the violent have eight rooms for men and ten for women, arranged upon but one side of the corridors. The doors open into the rooms, and are fastened by locks alone. In each of them there is a small door, or *guichet*, through which the occupant may be observed or fed. Above the door there is an opening for ventilation. The windows of the corridors are low, but protected, internally, by strong wire-gauze. Those of the rooms are near the ceiling, and the sash

of each turns upon an axis. Strings for opening and closing them pass along the ceiling into the corridor. The bedsteads are iron. In each room there is a table and a seat, both fixed to the floor. The seat answers the further purpose of a close-stool.

There are now one hundred and twenty patients in the asylum, more than half of whom are women. They are all from within the jurisdiction of the government circle of Coblenz, and many of them have formerly been at Siegburg. Although the institution is intended for incurables alone, yet cures occasionally are effected. A physician, Dr. Lux, who resides in Andernach, visits the asylum. I did not see him, and learned nothing of his method of treatment. There is a bathing room connected with the establishment. Neither beer nor wine is given to the patients, unless upon prescription by the physician. Snuff and tobacco are used by them, but smoking, as I was informed, is not permitted within doors.

The camisole, iron wristlets, or hand-cuffs, and the "tranquilizing chair," similar to those at Siegburg, are used for bodily restraint. No patient was subjected to either of them, at the time of my visit; but some were confined in their rooms. One of the chairs had attached straps, for confining the arms, both above and below the elbows, and another, broader and stronger, to pass around the waist.

The men work some, though apparently not to a great extent. A beautiful inlaid, mahogany table, the workmanship of one of them, was shewn to me. The women, besides performing much of the domestic labor, make the clothing for all the patients. They were all, both men and women, neatly clad, without a visible rent as "an accident of the day," or a patch, "the premonitory indication of poverty."

The facilities for amusement are but few, and there are no public religious services at the asylum. Some of the patients attend church in Andernach.

ASYLUM FOR INCURABLES, AT DUSSELDORF.

Leaving the city of Dusseldorf through the *Berger Thor*, and following the road, for half-a-mile, along the banks of the river, one arrives at a point where the waters of the river make a turn so abrupt, and run with such rapidity as to justify its designation as a "winding" and "rushing" stream.

Near the elbow of this curve stands the Dusseldorf Asylum for Incurable Insane. The building was erected for manufacturing purposes, and so occupied until remodeled and opened for the reception of patients in 1826. Its ground-plan is similar to the letter H; its height two stories. It is neither imposing nor elegant. It is surrounded by a high, brick wall, and the yard by which it is approached in front, after entering within the wall, is occupied by the men-patients as an airing court. The quantity of land belonging to the establishment, is barely sufficient for small courts for the patients, and a vegetable garden.

The corridors of the building are next to the wall, with rooms upon the opposite side. The windows are generally, low, and guarded, externally, with upright iron bars. The doors fasten with spring-locks. The floors are wooden, and were all neatly sanded. Stoves are the only apparatus for heating, and there is no special arrangement for ventilation. The bathroom has one tub, made of wood, a douche and a shower-bath. The patients of each sex take their meals together, in a large hall upon the ground-floor. These halls also serve as day-rooms. The dormitories are in the second story, and contain from

two to fifteen beds each. The bedsteads are mostly iron, the beds, horse-hair. I have rarely seen a pleasanter or neater dormitory, in a public institution, than that which is here occupied by the better class of women. It contains sixteen beds, one of which is for an attendant, and beside each stands a handsome, cane-seated chair. The bedsteads are modeled after the French, and made of wood, nicely varnished. They are arranged in two rows, parallel to the side walls, but so far removed from them as to permit a person to pass. There is a middle alley, sufficiently broad, between the two rows, and a convenient space between any two approximate beds.

In the men's dormitories, a spittoon stands beside each bed. The bedsteads are moveable. I did not go through the departments for the violent. The camisole, iron hand-cuffs, and the "tranquilizing chair," of similar model to those at Siegburg and Andernach, are used for bodily restraint.

The Asylum has no chaplain, and no religious services. Of the patients, the men work but little except in assisting in the performance of household labor. The women knit, and make all the clothing worn by themselves. Some of the men were playing cards, and I was informed that this is their principal amusement. Tobacco and snuff are permitted among the patients. Beer is given only when prescribed by the physician.

The present number of inmates is one hundred and ten, of whom fifty-eight are men, and fifty-two women. The men have three attendants. One of the women is blind, having been deprived of vision before she became insane.

The physician, Dr. Bournyé, who visits the Asylum,—only, however, when he is called—lives in Dusseldorf. I called at his house, but he was out of town. Upon appli-

cation at the Asylum, the principal resident officer willingly and immediately accompanied me through the establishment. Although it was not ten o'clock in the morning, every room was in perfect order, and the patients neatly dressed in clothing which required no mending.

ASYLUMS AT AIX LA CHAPELLE AND TREVES.

I have been told that each of the two establishments at Aix La Chapelle, will accommodate from fifty to sixty patients; and that there are from one hundred to one hundred and twenty-five in the department for the insane in the Almshouse at Treves.

PRIVATE ASYLUM, ENDENICH.

In November, 1844, Dr. Richarz, formerly, and during a period of eight years, second physician at Siegburg, opened a private establishment for the insane, at Endenich, Poppelsdorf, in the Government Circle or District of Bonn. The prices of admission are five hundred, six hundred, and seven hundred thalers per annum. Grounds to the extent of seven acres, partly planted with grapes and partly with ornamental trees and shrubbery, are connected with the Asylum. Dr. Richarz is an advocate of small, rather than large public institutions, as will be perceived by the title of an essay, mentioned in the introduction, which he read before the Psychiatrial Association.

There are three other private asylums within the limits of the Rhine-provinces. They are at Bonn, Eitorf and Moers, and have all been established within a few years past. The second belongs to Dr. Meyer.

2. WESTPHALIA.

THE MARSBERG INSTITUTION, AT MARSBURG.

An old Franciscan Monastery was occupied by the patients at Marsberg, until the year 1835, when they were removed to a new building erected as a hospital for the insane, both curable and incurable. It is situated upon a hill in the vicinity of the city of Marsburg, and, unlike some of the other Prussian institutions, has a bountiful supply of water. It is of the H form, and consists of two stories, exclusive of the basement. The parallel wings are chiefly occupied by patients; the connecting building by the assistant physician, other subordinate officers, and convalescent patients of the higher classes. The superintendent resides in a detached edifice.

The corridors are twelve feet wide, with rooms upon but one side, and a window opposite the door of each. The floors are wood. Part of the windows have iron sashes, glazed. For the promotion of ventilation, the upper sash is so arranged that it can be brought a little forward, or inward, thus making a small aperture. The sashes of the rest, are wood, to the back side of which strips of iron are attached, and concealed by paint. Part of the establishment is heated by hot air furnaces, part by water, in ascending and descending pipes, and a few rooms by stoves. The higher classes of pay-patients have large private apartments, each of which is furnished with bed, washstand, table, two chairs, sofa and looking-glass. All the others live in departments, or wards, each of which can accommodate eight persons besides the attendant. Each department has a common day and dining-room, and a dormitory. The attendant's room is between the two, and overlooks them by windows. Both wooden and iron bedsteads are used. They are all furnished

with hog-hair mattresses. These are somewhat cheaper than horse-hair. The bathrooms are commodious, and are supplied with douches and other appropriate apparatus.

Labor is the prominent element of moral treatment. During the warm season, the men chiefly work upon the farm. In winter they are employed in tailoring, shoe-making, weaving, and plaiting mats and chairs of straw. The women are occupied by household duties and the labors of the needle. The jacket and the strong-chair are the usual implements of restraint. To prevent injury from falls, in epileptic cases, the patient's head is surrounded with a cushion well-stuffed with horse-hair.

The series of questions intended as a formulary for the history of cases, prior to admission, is far the most elaborate and minute that I have ever seen.

On the 1st of January, 1845, the number of patients at the institution was—

	Males.	Fem.	Total.
Admitted in 1845 and in 1847, } omitting 1846, }	168	127	295
Discharged cured,.....	153	115	268
“ not cured,.....	49	30	79
“ improved,.....	23	7	30
Removed to other receptacles,.....	6	3	9
Died,.....	23	28	51
Remaining December 31, 1847,.....	41	18	59
	178	137	315

In August, 1837, the population of the establishment was as follows: Principal officers, 5; subordinate officers, 9; attendants, servants, &c., 45; patients, 327.

In 1844, the expenses were about 26,000 thalers; the income 16,000. The deficiency was defrayed by a tax upon the inhabitants of the province.

The superintendent, Dr. William Ruer,* receives a salary of twelve hundred thalers, besides a dwelling and

* Dr. Ruer is the author of a work entitled, “*Irrenstatistik der Provinz Westphalen, mit Hinweisung auf die medicinisch-topographischen Verhaeltnisse zaemmtlicher einzelner Kreise derselben.*” It was published at Berlin, 1837.

rooms for four pay-patients. The second physician, Dr. Knabbe, has five hundred thalers, rooms and fuel. Besides these officers, there is a house-surgeon and a chaplain. The latter does not reside at the institution.

The payment, for paupers, is twenty-five rix-dollars per annum. This includes the expense of clothing.—Others, if natives of the province, pay from fifty to one hundred and seventy rix-dollars; if from other provinces, or foreigners, from one hundred and seventy to three hundred and twenty-five.

ASYLUM OF GESECKE.

The asylum of Gesecke, near Paderborn, is under the care of Dr. Schupmann. It is occupied mostly by old cases, incurables and epileptics. During the two years of which the reports have come under my observation, no patient was cured. Sixty males and fifty-six females were in the establishment in the course of the year ending in October, 1844. Seventeen of the former, and fifteen of the latter were epileptics. In October, 1845, the number of patients was one hundred and two. In one of his earlier reports Dr. Schupmann wrote encouragingly of setons in the treatment of epileptic patients. "With those who had them, the fits were more rare, less severe, and of shorter duration, and in one, whose attacks had been frequent, no fit has for a long time occurred. Even his mental condition is improved." In subsequent reports, however, no mention is made of cures, and the treatment of epilepsy is referred to as being merely palliative. An article upon epilepsy, by Dr. Schupmann, may be found in the second volume of the *Journal für Psychiatrie*.

3. PRUSSIAN SAXONY.

INSTITUTION AT HALLE.

Until within a few years, the only receptacle for the insane, at Halle, was a building formerly used as a prison. About sixty patients were generally confined in it. The government of the Province of Saxony, having determined to found a large institution for both curables and incurables, fixed upon the neighborhood of this city as its location, and appointed Professor Damerow, not only as its future superintendent, but also as a commissioner to design a plan and oversee the construction of the buildings. Thus sprung into existence the present excellent institution, intended for four hundred patients. It was opened in 1843.

A droskey, to be found in the market-place of Halle, will take one to its door in about twenty minutes. It stands upon a hill, elevated perhaps forty or fifty feet above the level of the surrounding plain. The buildings are stone, rough-cast, and painted of a deep straw color. Their general plan is that of a rectangle, or parallelogram, the longer side of which is between five and six hundred feet; the shorter, not far from four hundred. One of the longer sides is the front, and in the middle of this is the residence of the superintendent. In the centre of the enclosed area, stands a building which contains the bath-rooms, kitchen and store-rooms. The corridors which extend from this, laterally, to the main building, divide the area into two equal parts. The section of the whole establishment in front of this is occupied by curable patients; that in the rear, by incurables. In each section the men are at one extremity, the women at the other. In front, the men's department is separated from that of the women by the residence of the superin-

tendent; in the rear, by a series of workshops. The buildings occupied by the curables are connected with those of the incurables by an intervening corridor.

The general internal architectural arrangement is that of but one series of rooms, with a corridor, eleven feet wide, next to the opposite wall. The ceilings are about thirteen feet high, the floors and doors generally of oak. The windows have double sashes, the internal one of wood, glazed, and opening in four compartments, upon hinges; the external, of iron, and unglazed. None of them are protected within. This description, however, does not apply to the department of the violent, to be subsequently described. The stair-cases are worthy of remark for their ample width, and their gently-graded ascent. Wooden cupboards and closets stand in the corridors, throughout the establishment, as none were introduced into the architecture. The corridors are also used as dining rooms. The heating is by local apparatus, earthen stoves or furnaces. There is no special arrangement for ventilation. The bedsteads are iron; the chairs of the common Windsor form.

The higher classes of patients have each a special apartment, containing a sofa, and other furniture to correspond; but no carpet. The great majority of the inmates, however, occupy halls in common, and sleep in associated dormitories. Dr. Damerow disapproves of isolating the insane, unless violent, from their fellows. They require companionship, and society, as necessarily as persons in mental health.

The departments for the violent are in the rear of the parallelogram formed by the other edifices, and, with an intervening corridor, constitute prolongations of its shorter sides. They are but one story high. Each contains a suite of nine rooms, eight for patients, and one for the

attendant, surrounded by a pass-way between them and the external walls. In front of them, this passage is a sufficiently broad corridor; at the sides and in the rear, it is perhaps four feet in width. In the rear, the floor is three or four feet higher than in other parts, to enable the attendant to open and shut the windows of the cells, or, through them, to observe the movements of the patients. These departments are heated by hot-air furnaces. The air is admitted through the wall, about seven feet from the floor. At the floor, there is another opening for the escape of foul air. For promoting ventilation, the window and the door of each room are in a direct line between two opposite windows in the external walls.

The yards or courts for the four departments of male and female curables and incurables, are within the area enclosed by the principal edifices; those for the violent, in the rear of the buildings occupied by them.

The bath-rooms are commodious. The tubs are separated by curtains. They are made of zinc, and painted. The water is admitted through two openings, at the bottom of one side, and escapes by a third, in the middle of the bottom. The fassets of the former are below the floor, and can be turned only by a tube-key kept by the attendant. The escape-tube is opened by treading upon a pin in the floor. This pin is connected with the valve by means of a lever beneath the floor. The tubs have knobs, or buttons, around their rims, to which a strong piece of canvass may be attached, to prevent a patient from rising out of the bath.

The position of the kitchen, and its connection, by covered passages or corridors, with the main buildings, has been mentioned. The food is carried to all departments in tin cans, shaped like bailed market or traveling baskets. They are covered, and the sides and bottoms are

double, with an intervening space, filled with boiling water to keep the contents warm.

Dr. Damerow expressed his belief that where, in a large institution, the attendants from all departments are permitted to mingle, and particularly if this be in the kitchen, serious difficulties must arise. I did not ask him if he claimed the idea as original. However, acting upon it, he had the kitchen so constructed that the attendants, although they carry the patients' food, cannot enter it. Neither can those from any one department mix with those from any other. The covered corridors are double. The attendants of the curable men, coming through one of them, receive the food at a window in the end of the kitchen; those from the incurables, coming through the other, receive it at a window in the back side. The arrangements for the females are the same, and a wall in the entry, at the back of the kitchen, separates the attendants of the two sexes.

Bathing is extensively employed as a curative agent; opium but little. Antimony is used, as at Siegburg, to produce artificial ulcers upon the head. There are some cases of *paralysie générale* among the patients. Dr. Damerow did not speak of these, and I forgot to inquire of him in relation to his experience in treating the disease, but the assistant-physician said he had never known a case of recovery.

The construction of the close-stool used at this institution is, in some respects, superior to that of any which has heretofore come under my observation. The basin is metallic, and around its rim, externally, there is a depression, groove, or channel, perhaps an inch in depth, partially filled with water. A corresponding metallic ring, or hoop, is attached, by its edge, to the under side of the cover, and, when this is closed, dips into the water, and thus entirely prevents the escape of effluvia.

A very large proportion of the patients work. About twenty of the women were in the kitchen, preparing vegetables and otherwise assisting in getting dinner. Many others were knitting and sewing. There are several shops for artisans, but I did not go into them. A large number of the men work upon the farm, which produces all the vegetables consumed in the establishment, besides many for market. Tobacco is given to those who labor. Draughts, chess, cards and a library are among the resources for amusement and instruction.

A teacher, and chaplains are connected with the institution, and perform their respective duties towards the patients.

Dr. Damerow emphatically pronounces his disapprobation of the attempt entirely to abolish the use of mechanical implements of restraint. He employs the camisole, and leathern straps, and muffs; but I saw no strong chairs. He talks very freely with the patients in regard to their mental condition; tells them that their ideas are false, when they are so, and that they must relinquish them before they can hope to return to their homes. The present number of patients is 262, of whom 158 are men, and 104 women.

Dr. Damerow, as already mentioned, is the principal editor of the "*Journal of Psychiatrie*." The publication could not be entrusted to a more competent person. Dr. Leubuscher, until recently the second physician of the Asylum, but now in private practice at Berlin, is the author of a work upon the pathology of insanity,* and of various essays in Damerow's *Journal*. Among the latter are one upon "Convalescence in Mania," and another "Upon the so-called Erysipelas auriculæ of the Insane,"

* *Grundzüge zur Pathologie der psychische Krankheiten. Erläutet an Krankengeschichten.* Berlin: 1848.

in volume third, and one on "Abulia" in volume fourth. The reviews of the Annual reports of American Asylums and of the Journal of Insanity, are also generally prepared by him.

4. POMERANIA.

INSTITUTION AT GRIEFSWALD.

The establishment at Griefswald was opened on the second of July, 1834. It is intended chiefly for the poor of New-Fore-Pomerania. Persons in easy pecuniary circumstances are not admitted, unless there be rooms not otherwise occupied, and never to the disadvantage of the class for which it was established. Patients whose cases present some prospect of cure are alone received; and, if they be found incurable, they are discharged. The buildings of the institution were formerly a Lazaretto. A garden connected with them is used by the patients, in common with those of the new Clinical Lazaretto. Professor Berndt is the Superintendent. I understand that he gives clinical instruction upon mental diseases.

STATISTICS,

From July 2d, 1834, to December 31st, 1846.

	Men.	Women.	
Admitted,.....	145	87	291
Of which cases 56 were relapses and 3 frequent insanity,.....			59
Leaving of persons,.....			232
Of whom there were cured,.....			108
Improved,.....			22
Unimproved,.....			65
Died,.....			37

Nineteen were cases of delirium tremens, of which fourteen recovered, and five died; twenty-two were insane epileptics, and eleven imbeciles. Of one hundred and six cases of less than six months' duration, eighty-two, including fourteen of delirium tremens, were cured. Of one hundred and twenty-six cases of more than six months' duration, twenty-six were cured.

ASYLUM AT STRALSUND.

Stralsund is a city of about twenty thousand inhabitants. It is situated upon the Straits of Gollen, an arm of the Baltic Sea, which separates the island Ruegen from the Continent. Its Asylum for the Insane, opened in October, 1842, is very small, having rooms for but about thirty patients. The Superintendent, Dr. Picht, is responsible to a Board of Commissioners appointed by the Regency of the Province.

From October, 1842, to the close of the year 1844, thirty-one patients, of whom fifteen were men and sixteen women, were admitted. Ten came from other institutions, eleven had been in various places of detention, and the remaining six were received at the request of their friends. During the same period one patient was discharged and five died, leaving twenty-five in the Asylum. One of them was a deaf mute, and several were epileptics. In 1848, one patient was admitted, but none either discharged or died. Number at the end of the year, men 17, women 16, total 33. Dr. Picht gives the nitrate of silver, in epilepsy, in continued doses of five centigrams, sometimes with beneficial results.

Patients whose condition permits, are employed in manual labor. The Asylum is said to be kept in excellent order. "It never happens," says Dr. Picht, "that a patient spits on the floor, even in the corridors, or throws tobacco-ashes in any other than the proper place. If a *spot* really occurs, the patients shew it to the attendants, or wash it out themselves."

ASYLUM AT RUGENWALD.

The Asylum at Rugenwald, intended for the incurable insane, and a few infirm of the Government Circles of Stettin and Coeslin, in Old Pomerania, was opened on

the first of April, 1841. The building is new, 137 feet long by 42 wide, and two stories in height, with apartments for about sixty patients. Corridors, eight feet wide, pass lengthwise, through the middle. Twenty-eight acres of land belong to the institution. The Physician, Dr. Steinbauer, is a practitioner in the City of Rugenwald. An Overseer, who acts as Surgeon, resides in the Asylum. From the time of opening to the 31st of December 1837, exclusive of the last six months of 1845, of which I have seen no report, seventy-six insane patients were admitted, of whom fifty-four were men and twenty-two women. Six are reported to have died, but none cured. Thirty-four men and twenty women remained at the close of 1847. Five infirm persons were also admitted, of whom two remained. It appears that the patients were all of the most abject and incurable class. They had, however, been so far improved in their habits and conduct, as to eat at table together.

5. BRANDENBURG.

BERLIN.

In the early part of the eighteenth century, some of the insane of Berlin were kept with paupers and orphans in the Friedreichs-hospital. In 1711 they were removed to the Dorotheen-hospital. About the year 1726, they were transferred to a newly-erected building intended as a workhouse and asylum for the insane. This asylum was enlarged in 1748, and "reformed" in 1766, and, finally, on the night of the 1st and 2nd of September, 1798, consumed by fire. Part of the patients were placed in the workhouse, and the rest removed to the Charity-hospital.

In the earlier periods of this institution, there were religious services for the patients, on the Sabbath. In 1737, the overseers of the poor appointed a special chaplain. He received board, lodging, washing, wood and lights, and a salary of fifty rix-dollars, with the assurance of more if he was faithful in the discharge of his duties. In the course of the next fourteen years, two of the persons who occupied this post became insane, and the office was then abolished. The number of patients, in 1739, was 95. Since the destruction of the asylum, the incurable patients have continued to be kept in the workhouse, and the curables treated in a department of the Charity-hospital. Great efforts have been made for the foundation of a large, relatively-connected, curable and incurable institution, in the vicinity of Berlin; but hitherto without any practical results. "The (royal) Residence, Berlin," says Damerow, "has neither a private establishment, nor a public asylum for the incurable, nor yet a curative institution such as she should have, and should demand."

THE CHARITY-HOSPITAL.

The Charity-hospital at Berlin, the theatre of the labors of Dieffenback and Langenbeck, is in the suburbs of the city. The hospital for the insane, one of its departments, is disconnected, by an intervening distance of thirty or forty rods, from the other buildings. It forms three sides of a parallelogram, the longest of which is probably more than three hundred feet, the two shorter, half that length. The latter project in front of the first, and the fourth side is formed by fences and the porter's lodge. The enclosed space is a planted garden used as an airing-ground for the patients.

The building consists of two principal stories, a high basement and low attic. It is intended for the city of

Berlin alone, and has beds for one hundred and sixty patients. The annual average of admissions is two hundred and fifty, and the present number, one hundred and forty-eight. The ceilings are high, the corridors of liberal width, running next to one wall, with a suite of rooms next to the other. The floors are of wood, oiled and generally waxed. The sashes of each window open upon hinges, in four compartments. They are of wood, strong, and some of them overlaid with strips of iron, so accurately adjusted as to be imperceptible except upon close inspection. There are no windows or apertures over the doors. The whole establishment is heated by stoves, and there are no extra means of ventilation. The height and size of the rooms renders such an arrangement less necessary than in some other similar buildings. The patients all sleep in associated dormitories. The bedsteads are of wood, each supplied with an under-bed of straw, and a horsehair mattress. I have never visited an institution which, in all its departments, exhibited more of that perfection of neatness which, although

" Its language is a silent one,
More eloquent than words,"

cautions the visitor against the tread or touch unhallowed by cleanliness. The floors are so hard and so smoothly polished that, as at Versailles, and some of the other French palaces, to a person unaccustomed to them, the constant watchfulness and effort necessary to the preservation of an upright position, is actually wearisome.

Much to my regret, I did not meet with Dr. Ideler, the distinguished physician-in-chief to this Institution. I accompanied the assistant-physician and internes upon two of their morning visits. The men patients were dressed in uniform, each wearing a morning gown and striped

pantaloons. They were seated, each at the side of his bed, but rose, as a salutation, when we entered. This, as well as many other things, indicated very perfect discipline.

The camisole, and other restraining apparatus are used, the necessity for them being undoubtedly greater than if there were small rooms for the isolation of the violent. The strong chairs are well cushioned, seat, back, and sides; and the straps attached to them for confining the wrists, arms and legs, so padded as to prevent abrasions of the skin. The bedsteads for the violent differ from the others only by the straps for the shoulders, ankles and body—a wide one passing over the waist—which are attached to them. These straps, also, are softly padded. Many of the beds, even of the less excited, are furnished each with a strap five or six feet in length, to the remote extremity of which a patient may be secured by the ankle, and thus prevented from running around the room.

The physician said that bleeding, in all the usual forms of mental disorder, is not practised at this institution; and opiates are rarely prescribed. He showed me a table of the registered results of a large number of cases in which chloroform had been administered. It is given in both mania and melancholia, generally ten drops at a time, internally. He thinks it has been permanently beneficial; certainly temporarily so, as it has almost invariably produced sleep. In cases of high excitement, tartar emetic is prescribed as a nauseant. It is also much employed as an external irritant, and especially for the production of ulcers upon the scalp. Both moxas and setons are among the remedial agents, but the former are more frequently applied than the latter. Dr. Ideler has published a work upon the use of the moxa, in which he

speaks in the highest terms of its utility, applied along the vertebral column, in cases of melancholia; and also, *as a moral remedy*, in some cases of mania.* He gives several cases of successful treatment by it.

Great confidence is placed in the hygienic and restorative effects of baths and the douche; and the appliances for giving them are extensive. The douche-pipe is fixed in the end of a flexible tube or hose, ten or fifteen feet in length. This appears to me to be an excellent contrivance. It is easier to direct the stream of water in this way, than to fix the head of the patient directly beneath an immoveable pipe. It has the additional advantage of enabling one to apply the stream to any part of the body. Indeed, it is rarely applied to the head, here, but generally along the region of the spine.

Dr. Ideler has been accused of excessive rigor in the management of his patients, and of the too frequent and imprudent use of the moxa and the douche. It is alleged against him that necrosis of the cranium has sometimes followed the deep ulcers upon the scalp produced by tartarised antimony. It is, of course, impossible for me to measure the justice or injustice of these accusations. His position, however, as the acknowledged leader of the Psychic school, exposes him to the attacks of numerous theoretical opponents, and makes him the target for missiles from various quarters. If a person aims at a high mark, it is generally inferred that he shoots with a good gun. My notes were written before I had heard the slightest intimation of the aforesaid allegations, and were, consequently, unbiassed. I find that here, for the first time in my journey, although this was the eighth German institution which I had visited, it is recorded

* De moxæ efficacia in animi morborum medela.

that "the patients appear contented and happy"—but the sentence continues,—“as in all the other German asylums. I have hardly heard a complaint or the expression of a wish to go away.” Persons who are acquainted with Dr. Ideler speak in high terms, not of his talents alone, but of his gentleness and amiability of character.

A considerable number of cases of *paralysie générale* have been treated here; but the physician said that none had been cured. There has been one patient who was blind previously to the invasion of the mental disorder.

The patients use tobacco. As I left the hospital, many men were smoking in the garden. I saw none of the men at work, but my visits were at the time of that of the physician, and it is probable that many of them had been employed in putting the wards in order. In a large hall of the women's department, as many as thirty patients were sewing and knitting. At certain hours of the day, the same hall is occupied for a school, taught by the chaplain.

The men amuse themselves with quoits, cards and other games.

I observed that the physician conversed with some of the patients in regard to their hallucinations. This is said to be in conformity with the practice of Dr. Ideler.

WORKHOUSE ASYLUM.

As before mentioned, a department of the Workhouse at Berlin, is devoted to the custody of persons incurably insane. The number in the Asylum at the commencement of 1846, was ninety-six. In the course of the two succeeding years, twenty-four were admitted, seven discharged, not cured, and thirty-five died, leaving, at the close of 1847, seventy-eight. Of the whole number,

fifty-two were males and sixty-eight females. Fifteen of the former and twenty of the latter died.

PRIVATE ASYLUM.

The largest private establishment for the insane, in Berlin, is that of Mrs. —, widow of the late Dr. Klinemann. On the first of January, 1847, the number of patients was thirty. Admitted in the course of the year, 24; discharged cured, 12; not cured, 5; died, none.—Remaining at the close of the year, 37. Of the whole number, 20 were males and 34 females.

There are seven other licensed private asylums in the city, five of them conducted by women and two by men, one of whom, Professor Kranichfeld, is a physician.—But the number of patients in all of these “institutions,” on the first of January, 1847, was but twelve. Five were admitted in the course of the year, seven discharged—three of them cured—and, at the close of the year, ten remained.

KURMARK.

As early as the year 1793, the Privy State's Minister, Von Voss, impressed with a deep sense of the necessities of the insane in the province of Kurmark, conceived the idea and was the principal promoter of the execution of the plan of furnishing facilities for their care and cure. At his suggestion a census was taken, by which it was ascertained that there were two hundred and twenty-two inhabitants of the province afflicted with mental disorders. Preliminary measures were soon adopted for the construction of a suitable establishment for their accommodation, and in 1798 the buildings were commenced of the institution at New Ruppin.

INSTITUTION AT NEW-RUPPIN.

The original edifice of this Institution was completed in the year 1800, at an expense of more than forty-three thousand thalers. It is of the L form, and three stories in height, exclusive of the basement. It has rooms for one hundred patients, the longer wing being occupied by men, the shorter, by women. It was opened on the 1st of March, 1801. Dr. Wallis asserts that it was the first building erected exclusively for the insane in Germany (*Deutschland*). I know not how comprehensive a signification he gives to the word, but, if it be intended to include Austria, he is mistaken. The *Narrenthurm* at Vienna had the precedence, by seventeen years. "The general instructions and the rules for the government of the New-Ruppin Asylum were drawn up with a masterly spirit, and, in reference to the time at which they were composed, may justly be considered remarkable, and as models." As time progressed, the accommodations of the establishment became insufficient to meet the public demands, and, consequently, in 1819, it was extended by the purchase and occupation of two adjacent dwelling houses. In 1828, the patients were classified, and the curables so far separated from the incurables as the architectural arrangements would permit. In 1833, Professor Damerow was commissioned, by a minister of the royal government, to visit and inspect the establishment. He pronounced it excellent, as an asylum, while it was defective in all the arrangements demanded by philosophy and experience for a curative hospital.

At the time of the foundation of the institution, the primary objects in view were the humane care of the insane, their security and that of the public. Restoration to mental health was considered as of secondary import-

ance. Hence, the medical officer, until 1841, was a physician engaged in an extensive private practice. In that year Dr. A. Wallis was made its Superintendent.

Manual labor for the patients was regularly organized at some period between 1810 and 1820. In 1840 their earnings amounted to 1,081, and, in 1845, to 1,188 rix-dollars.

STATISTICS,

From March 1st, 1801, to December 31st, 1847.

	Men.	Women.	
Admitted.....	605	453	1,058
Discharged cured.....	127	110	237
" Improved.....	11	6	17
Transferred to others Asylums.....	88	67	155
Died.....	287	220	507
Remaining, Dec. 31, 1847.....	92	50	142

A large proportion of the patients, particularly in the earlier years of the institution, were of that class in which no essential improvement can be expected.

ASYLUM AT SORAU.

Prior to the year 1812, some of the insane of Lower Lausitz were confined in the prison of Luckau. In that year, a large building, erected by Count Promnitz, near the city of Sorau, was purchased and converted into an almshouse, workhouse, and lunatic asylum. The "royal government at Frankfort" subsequently assumed the direction of the institution, and caused all the inmates who were not insane to be removed. In 1825, a commission for its management, consisting of two men chosen by the regal government and two by the government of Lower Lausitz, was appointed. The president of the Board was Dr. Frank, of Frankfort.

The building, when purchased, was incomplete. It consisted of a main edifice, partly two and partly three stories in height, and one wing of three stories. In the former are the dining-rooms, the chapel, the infirmary,

the library, apothecary's shop, and apartments for the convalescent, and for patients who pay a high price for board. The latter is occupied by men, the epileptics being in the lower story. Other buildings have been added since the original purchase. The institution is not properly a curative establishment, but an asylum for incurables, idiots and violent epileptics.

All the patients who are not disabled by physical disease or mental imbecility, are employed. There are shops for tailors, shoemakers, cabinet-makers, turners and watch-makers. Ninepins, chess, draughts and other games are resorted to for amusement. For restraint, isolation and the jacket are generally employed, but several other means—even the turning stool—are sometimes put in requisition. All the patients who are suitable, attend morning and evening prayers, and worship on the Sabbath. The chapel is furnished with an organ.

The men attendants receive four thalers a month, and the women two and two-thirds, both with board.

STATISTICS.

From 1812, to December 31st, 1845, inclusive.

	Men.	Women.	
Patients admitted.....	418	253	671
Discharged, cured.....	82	63	145
“ Not cured.....	32	29	61
Died.....	210	99	309
Remaining, December 31, 1845.....	94	62	156

A very large proportion of the cases were considered hopeless when received, many were suffering under incurable physical diseases, and a large part of them had “suffered from bleedings, emetics, cathartics, narcotics, and cold-water.” In the course of twenty-eight years, only eleven patients were admitted whose insanity was of but a few months' duration. Many of the deaths were from marasmus, apoplexy and pulmonary diseases. One

woman, in whose case there was a necroscopic examination, presented the rare phenomenon of the entire absence of the uterus.

Dr. Schnieber, the Superintendent of the Asylum, acting, as he asserts, upon the principle "Prove all things and hold fast to that which is good," has long practiced, in part, upon the homeopathic method. I quote his remarks upon the subject:—"By the homeopathic curative method, in connection with a properly adapted psychical treatment, I have cured several patients attacked with mania and melancholia. Yet it should be remarked that, with these patients, the insanity had existed less than a year, and, with some of them, was of only a few months' or weeks' duration. In old cases, I have never, by this treatment, effected a cure, but only a transient improvement or a favorable diminution of the intensity of a paroxysm. In such cases I have never cured, except by the allopathic method. Heroic treatment, indeed, often subdues mania, melancholia, &c., but it at the same time plunges the patient into incurable dementia, as I have seen in some of the imbeciles admitted here, who had previously been actively treated by large bleedings, emetics, laxatives, calomel," &c. Again, he thus gives his opinion upon the abstraction of blood: "Venesection, that potent palliative in the orgasmus of the blood, has not, in the management of the insane, that distinguished advantage which we so frequently perceive from it in the diseases of the sane. The maniac is not infrequently more furious after bloodletting, although the frequent, full, hard and strong pulse, the flushed face, the heat of the head, the strong beating of the carotids, and the whole bodily constitution indicated the treatment. These symptoms of orgasmus and plethora are often only signs of the high mental excitement and the physical exertions

of the patient, and, therefore, perhaps more frequently the effect than the cause of this fury. In the insane with pallid face, cool head, lax constitution, and frequent, small and contracted pulse, bloodletting is useless, if not injurious, how great soever may be the exaltation of the patient, or however severe the paroxysm. I hold bloodletting as especially necessary in highly excited insane females, after the cessation of the menses. The blood should be taken from the foot, once or twice annually. Even this rule has its exceptions. By physicians and surgeons inexperienced in the treatment of the insane, venesection is driven to the extent of a lamentable and certainly often injurious abuse. A patient is rarely admitted into this institution who has not already suffered from several profuse bleedings, and taken large doses of emetics and cathartics."

6. SILESIA.

The government of the Province of Silesia imposes an annual tax of one silver groschen, about two and a half cents, upon every inhabitant over fourteen years of age, for the support of the insane poor. This tax, amounting to about fourteen thousand thalers, is divided between the three provincial institutions of Leubus, Brieg and Plagowitz. That of Leubus receives about three-sevenths of the whole.

In 1830, and again in 1832, a census was taken of the insane, the epileptics and the idiots within the province. The principal items of the returns of the latter are subjoined.

	Males.	Fem.	Total.	
Epileptics,.....	157	127	284	
Idiots,.....	497	365	862	
Insane,.....	1,098	930	2,028	2,028
Of the insane there were				
Reported as raving,.....	38	32	70	
" as demented,.....	808	638	1,446	
" of other forms,.....	252	260	512	2,028
Declared imbecile,.....	235	161	396	
Not declared imbecile,.....	863	769	1,632	2,028
Medically treated, with success,...	18	19	37	
" " without success,.....	261	239	500	
Under no medical treatment,.....	666	563	1,229	
At the Provincial Asylums,.....	153	109	262	2,028
Single,.....	895	701	1,596	
Married,.....	169	127	296	
Widowed,.....	34	102	136	2,028
Protestants,.....	640	547	1,187	
Catholics,.....	446	367	813	
Hebrews,.....	12	16	28	2,028
Having some property,.....	88	73	161	
Entirely destitute,.....	1,010	857	1,867	2,028
In cities,.....	237	230	467	
In the country,.....	861	700	1,561	2,028

Besides those at the provincial asylums, there were 105 in city institutions, 74 in parish-houses, 1,553 with their relatives, and the position of five is reported as unknown. There were none in prison.

INSTITUTION AT LEUBUS.

"Travelling," says Madame de Stael, "whatever may be said to the contrary, is one of the most melancholy pleasures of life." When one wanders week after week, among a people whose language he speaks but little and comprehends but imperfectly, going from city to city in search of the works of art, which, when found, must be admired in silence,—a selfish enjoyment—but he is alone; when, among the tens of thousands of faces which meet

his view, he recognizes no one as familiar; when, upon railroads and steamboats, he must chaffer, in broken language, with ticket-masters and stewards who, as he can easily perceive, are taking advantage of his ignorance by attempting to cheat him of a few paltry groschen or kreutzers,—a trick which he might disregard were it not that one does not feel flattered by the consciousness that he is passing for a dupe or a fool,—then the assertion of the French authoress may be correct. But, on the contrary, when among strangers he is received as a friend; when, in a foreign land, he is treated with all the attentions which kindness can suggest or genuine hospitality devise; when, after the strange accents of a language new to him have been the only human voices which he has heard for many days, his ears are greeted with the sweet music of his mother-tongue; then the assertion no longer holds good, and he alone who has experienced these pleasures, can know how greatly it is at fault. Such pleasures have been mine during the last two days.

Leaving Dresden, I came, by the railroad, to Goerlitz, where I lodged. At an early hour on the following morning, I pursued my journey to the station of Maltsch, about forty miles from Breslau. Thence, as there was no conveyance by carriage, either public or private, I walked about four miles, mostly over a wooded plain in the valley of the Oder, to the Institution for the Insane at Leubus. I had no letter of introduction, but handing my card to the porter, I sat down in the entrance-hall. The man soon re-appeared, and conducted me to the apartments of the superintendent, Dr. Moritz Martini. My reception was so cordial, and my new acquaintance so agreeable that, at a time when I had expected to be in Vienna I was, still lingering at Leubus. I little expected

ted to find, as I have, here, in the eastern limits of Prussia, and near the borders of Poland, a family in which both French and English are fluently spoken, and the English literature almost as familiar as household words.

The institution at Leubus was opened for the reception of patients in 1830. It is the only provincial hospital in Silesia, intended for patients whose cases present some prospect of successful curative treatment. The superintendent is nominated by the Chief officer of the Bureau of Sanitary Affairs, and appointed by the King of Prussia. The institution is under the general direction of a Board of Commissioners, consisting of three men, one immediately connected with the central government, one a resident of one of the principal cities, and the third from the country. They visit it twice, annually. Dr. Martini has held the office of superintendent, from the time of the foundation of the institution. The assistant-physician and the apothecary are appointed by the principal executive officer of the province.

The building was originally a monastery, founded by Casimir the First. It is situated upon a hill, not lofty, and of easy ascent, and is so much embosomed by groves that the cupola alone is seen, as one approaches from Maltsch, until he arrives in its immediate vicinity. It is an enormous structure; the main building being, according to Dr. Martini, six hundred and eighty feet long, by forty-seven wide and seventy-two high, measuring only to the eaves. From one extremity, a wing of the same height and width extends backwards, three hundred and twelve feet. Near the centre of the main building, and connected with it, in the rear, there is a chapel two hundred feet in length, and seventy or eighty in width. There are two other wings, the united length

of which is about three hundred and sixty-five feet. These dimensions are given merely as a matter of curiosity; but they will aid in giving—if any one wishes such knowledge—an idea of the style of princely magnificence in which some of the monastic associations of the middle ages were wont to live.

The corridors run beside, but within the rear walls. They are from fourteen to eighteen feet in width, and nearly twenty in height. Their floors are of large red tile; those of the rooms are of wood, and many of them painted. The rooms are generally large; the smallest being from fifteen to eighteen feet long, by from ten to twelve wide. The windows are eight feet by five, and guarded, on the outside, by iron rods. A large, gothic hall, with vaulted ceilings, and ornamented with fresco paintings, formerly the library of the monks, is now used as a store-room. The whole establishment is in excellent order, so far as cleanliness, system and good discipline are concerned; but the buildings are too large, both generally and in detail; and, being old, it appears that they must be cold in winter, unless they can command the fuel of the neighboring groves and forests.

The farm consists of about thirty acres. The extensive grounds to which the patients have access, are highly cultivated and beautifully ornamented with trees, shrubbery and flowers.

The establishment has one hundred and fifty beds for patients. Although intended for curables alone, the incurables of the higher classes are permitted to remain as long as is agreeable to their relatives or guardians. Those of the other classes are subjected to treatment until it is supposed that their curability is tested, and, if found to be incurable, are removed to Brieg or Plagowitz.

Patients who have no property are supported by the fund derived from the provincial tax. Such as have small estates are charged from sixty to two hundred thalers per annum; and those whose pecuniary means are large, pay from four hundred and seventy-five to five hundred and fifty thalers. The latter have well-furnished private apartments and special attendants. The others sleep in associated dormitories, and eat at table in common. The paupers are clothed by the institution, and have a uniform dress. The beds are now all occupied, thirty by pay-patients and one hundred and twenty by the poor. In the departments occupied by the latter, there are two supervisors and sixteen attendants, eight of either sex. The whole number of persons employed in the establishment is fifty-two.

Baths are considered as valuable resources in the medical treatment. The tubs are made of zinc, the outside painted, the inside tinned. The arrangements for introducing and withdrawing the water are like those at Halle, except that the three apertures are in the bottom of the tub. Some of the tubs are provided with copper lids, covering about one half of the top. These may be fastened down to prevent a violent patient from leaving the bath. The water of the shower-bath has a fall of twenty feet; there is an ascending as well as a descending douche.

The camisole, mittens, and the strong chair are the ordinary means of bodily restraint. The first is made of firm sacking-cloth, open behind, and fastened together when on, by straps and buckles. The mattress for patients who are unclean is made in three pieces. The central one may be of straw. Beneath it, there is an aperture in the bottom of the bunk, under which a vessel may be placed. I noticed here a very conve-

nient and useful article for the infirmary, intended for airing or warming the fresh linen for the patients. It is a tin case, the sides and bottom of which are double. When used, the intermediate space is filled with hot water. This idea, as well as several others, was apparently carried from Leubus to Halle.

The moral treatment is systematised, and conducted in accordance with the enlarged and enlightened views of the present day. A large proportion of the patients work upon the land. There are shops for weavers, tailors, shoemakers, cabinet-makers and carpenters. The women assist in the various departments of domestic employment, and work much with the needle.

Billiards, balls, concerts and theatrical performances are among the amusements. The billiard-room is a large hall, with vaulted ceilings and ornaments of stucco, one of the most beautiful apartments in the building. In summer, concerts are given in the garden.

Dr. Martini is preparing a work, historical and descriptive of the institution, for the press. He furnished me with the following statistics which will be embodied in it.

From 1830 to 1846, inclusive, a period of seventeen years, the number of patients admitted was—

	Males.	Fem.	Total.
Discharged, Cured	786	708	1,494
“ Improved	344	306	650
“ “ Not Cured ”	54	60	114
Died	196	193	389
Remaining at the close of 1846.....	138	99	237
	54	50	104

Paralysie générale is very common among the patients who resort to this institution. There are many cases at the present time. Here, as generally elsewhere, it is absolutely and entirely incurable. It also preserves its characteristic of prevailing far more extensively among

men than among women. Dr. Hoffman, the second physician, is preparing an essay upon the disease.

The district around Leubus is generally low, and, lying upon the banks of the Oder, is frequently overflowed by the waters of that river. Miasmata are thus generated, which render intermittent fever an endemic disease. Dr. Hoffman says that, although it prevails among the patients at the asylum, he has not, hitherto, seen any cases of insanity restored by it.

In 1843, the Medical Section of the Silesian Society for National Culture published some remarks, by Dr. Martini, upon Insanity caused by hydropathic treatment. In the course of about three years, he had received ten cases of the kind, of which but one was cured. One was discharged, incurable, and eight died. Their disease had the characteristics of paralytic imbecility, and, from the necrological investigations, it was shown that there was unusually "extensive and intensive" softening of the brain and the spinal cord.

The well-organised method of conducting the household economy of this Institution is, truly admirable. I know not that it is superior to other German establishments of the kind. It is a subject towards which my attention has not previously been directed since I came upon the continent. That of Middlesex asylum, at Hanwell, is very similar to it. No supplies, even of a handkerchief, a shoestring, a broom or an ounce of salt can be obtained without an order from the proper officer. If a garment be torn or so worn as to make a new one necessary; or if an article of domestic service has become unfit for use, these must be produced as evidences of the want of substitutes. A regular account of debits and credits is kept between the various departments, and thus unnecessary consumption, carelessness and *sequestration* guarded

against. I know that there are some persons who regard such a system as an evidence of illiberal and contracted views, as parsimonious and niggardly. To my mind it simply carries the conviction of good husbandry; and, in my opinion, no institution can ever attain that perfection of good order which is a chief beauty of a public as well as of a private establishment, without it. Neither can it render strict justice to its founders or to the public. Money devoted to charitable purposes is not given for wastefulness, and that which is demanded for "board and treatment" should be so applied, and not prodigally lavished even upon necessary supplies.

Dr. Martini appears to be admirably qualified for the station which he has so long occupied, with honor to himself and usefulness to his fellow men. His form is portly and dignified, his manners courteous and affable. The genial glow of his countenance, the reflected sunshine of the soul, beams like a halo of light around his presence, and this, with the warm currents of feeling and emotion which flow from the depths of a kind and benevolent heart, carries cheerfulness and gladness, confidence and affection to those with whom he may associate.*

* In the spring of 1850, a young soldier of the Prussian army attempted to shoot the King. He was seized and confined, but declared, by some of his friends, to be insane. Dr. Martini was called to Berlin, as an expert, to investigate the case. After observing the man during a period of four weeks, he arrived at the conclusion that he was affected with homicidal monomania. He presented to the court an elaborate report, containing this decision, which is said to have been a production of great ability. The labor was in vain. The King, in his speech at the next ensuing opening of the Legislative Chambers, set aside the proceedings by declaring the soldier a criminal and a murderer. The young man was, at that time, in an institution for the insane. I have seen no account of his subsequent history.

ALL-SAINTS' HOSPITAL, AT Breslau.

A department of the All-Saints' Hospital, at Breslau, under the care of Dr. Ebers, is devoted to the treatment of mental disorders.

	Males.	Fem.	Total.
Patients, January 1st, 1846.....	8	20	28
Admitted in course of the year	67	39	106
Whole number	75	59	134
Discharged, Cured	45	16	61
" Improved	1	5	6
" "Not cured"	9	10	19
Died	12	8	20
Remaining, December 31st	8	20	28

Twenty of the patients, of whom two were women, had delirium tremens. Sixteen recovered and four died, three of them within twenty-four hours from the time of admission.

ASYLUM AT BRIEG.

Twenty miles beyond Breslau, the railroad leading to Vienna passes through the suburbs of the city of Brieg, the location of one of the Silesian provincial asylums for the incurable insane. The building, which is within the city walls, about half a mile from the railroad station, was formerly a monastery, and is closely surrounded by dwellings, except in the rear, where there is a garden, three or four acres in extent. The principal edifice is two stories high, the corridors narrow, the windows small, and light and ventilation somewhat deficient.

In the men's department, there are three halls used as day-rooms and dining-rooms, and four dormitories, the two largest of which contain twenty-five and twenty-eight beds, respectively. The windows of these are guarded by strong wooden palisades. There are also some rooms containing but two or three beds each. The bedsteads are iron, the mattresses horsehair, underlaid by

sacks of straw. The women have more small lodging-rooms than the men, but their largest contains forty beds. One of these, for an attendant, is separated from the others by a lattice.

The violent patients and some insane criminals are kept in a new building, in the rear of the principal edifice. It is two stories high, with corridors running longitudinally through the centre. Upon one side, in either story, are twelve strong rooms; on the other, the attendants' room, at one end, then a closet for clothing, the entrance hall and stairs, four strong rooms and a bath-room, following each other in the succession named. The lower story is for men, the upper for women. The floors are asphaltum, which the physician to the asylum thinks preferable to stone. They are not level, but descend towards the corridor. The windows are small and above the reach of the patients. There are no openings over the doors, and ventilation is imperfect. Some of the rooms for suicidal, furious and epileptic patients are padded. I saw no "tranquilizing chairs." The leathern straps and mits are used for confining the hands. The rooms of some of the violent are supplied with straw, and the patient left unrestrained. The bedsteads for the furious are low, plank bunks, with leathern mittens, for confining the hands, attached to the sides, and straps for the ancles at the foot. There is an aperture in the middle of the bottom. In one of the day-rooms of the principal building, I observed a novel arrangement for epileptics. It is a large chest, several feet high, and about six feet long. The sides, internally, are padded, and the bottom covered with a mattress. The top is a lid of coarsely reticulated wire.

Nearly all parts of this establishment bear the evidences of a number of inmates too large in proportion to

the buildings. One of these is the crowded condition of the dormitories. In some of them the beds are arranged around the room in pairs, two standing in contact, and with but a narrow space intervening between the successive pairs. Besides these, there are two rows along the middle alley. In one room, about twenty-four by thirty feet, there are twenty-one beds. Along the middle of one of the dormitories, stand several tubs which are used as common *lavoirs*, the towel of each patient hanging beside his bed. Although thus inconveniently crowded; and, in the latter case, made to subserve a double purpose, these rooms, with all their furniture, were in perfect order.

GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted	184	128	312
Discharged and died.....	137	87	224
Remaining at the close of 1843	89	72	161

Of three hundred and thirty admitted, ten were cured.

There are now in the house, one hundred and seventy, of whom ninety-four are men and seventy-six women. The men have ten attendants, the women seven. A chapel, with an organ, is connected with the asylum, and religious services are performed by two chaplains, a Protestant and a Roman Catholic, who reside in the city.

ASYLUM AT PLAGOWITZ.

The asylum at Plagowitz, like that at Brieg, is for the incurable insane of the province of Silesia. It is reported to have beds for about one hundred and twenty-five patients.

GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted	111	73	184
Discharged and died.	113	80	193
Remaining at the close of 1843	73	28	101

The number in the asylum at the commencement of the term, is not mentioned. The same is true of the statistics of Brieg. Both institutions were opened, I believe, in 1830. Of two hundred and sixty patients admitted, thirteen were cured.

7. POSEN.

OWINSK.

At the commencement of the year 1838, an institution for the curable insane of the province of Posen, was opened in the old monastery Owinsk, in or near the city of Posen. It was intended for one hundred patients, and was permitted to receive dangerous incurables, till such time as all the apartments should be required for curables. Under the direction of Dr. Beschorner it acquired a reputation such that it is included, by Dr. Julius, in his list of thirteen of the best institutions in Germany. The apartments became fully occupied, and such was the demand for further accommodations that it was proposed, in 1844, to erect another department, for incurables, thus making it a "relatively connected" asylum.

8. EAST PRUSSIA AND LITHUNIA.

Prof. C. B. Heinrich,* of the University at Koenigsberg, in an article published in Damerow's Journal, states that the population of East Prussia and Lithunia, according to a census taken in 1847, was 1,480,308, and that the number of the insane and idiotic, in 1842, was 882, of whom 481 were males and 401 females. The only establishment for the insane of these provinces, is the

INSTITUTION AT KOENIGSBERG.

During a large part of the eighteenth century, there were two "mad-rooms," under the control of a "mad-father," in the Loeben's Hospital, at Koenigsberg. A separate building for the insane was at length erected, and opened in 1789. This is the present asylum, and it still forms a department of the hospital mentioned. It stands upon the banks of the river Pregel, and has a yard in front and a large shaded garden in the rear. It receives curable, incurable and epileptic patients. It was not organized, by making a physician its superintendent, until 1816. It is worthy of remark, however, that one of the physicians previously connected with it, Dr.

* Dr. Heinrich was for some time the second physician of the Asylum at Siegburg. In 1848 he was appointed to the Professorship of Special Pathology and Therapeutics in the University at Koenigsberg, where, according to the conditions of his appointment, he was occasionally to treat upon mental diseases. On the 17th day of April, 1849, the 31st anniversary of the day of his birth, and two days before the homicidal death of Dr. Amelung, of the Hofheim Asylum, he committed suicide, by taking Prussic acid. He was considered as the most promising of the younger laborers in the field of Psychiatrie, in Germany. I several times heard him mentioned with an affectionate remembrance—which was an evidence of his moral worth. Professor Damerow, in an obituary notice, calls him "*our Heinrich*." Among his articles contributed to the Journal for Psychiatrie are the Essay, mentioned in the introduction, a Critical treatise upon that form of disease called, by Prichard, Moral Insanity;—New contributions to the Knowledge of the Secretion of Urine, in Insanity;—and A Memorial upon the Present Condition of the Care of the Insane in the Province of Prussia, with special reference to the Plan of the new Institutions to be erected at Paterswald and Schwetz. The last written words which he left behind him were "Judge not, so shall ye not be judged."

Remer, as early as 1810, proposed to give clinical instruction in mental diseases to the students of the university. Dr. Bernhardi is its present Superintendent.

A large part of the building was destroyed by fire, in April, 1834. Again, in the middle of the night of the 23d February, 1845, a fire broke out "under a stair-case," and burned the whole of the women's department, the offices, and the residence of the Inspector, besides some adjacent buildings not belonging to the institution. Five persons, three of them insane women, were burned to death. The men's department was saved by a strong dead wall (*brandmauer*). The origin of the fire was unknown. A night-watch was kept in each principal division. In 1843, the asylum had not been rebuilt, but in that portion which was saved there were beds for sixty patients.

STATISTICS

From January 1, 1816, to August 31, 1843.

	Men.	Women.	Total.
Patients admitted.....	650	501	1,151
Discharged, Cured	218	172	390
" Not cured.....	159	118	277
Died.....	232	170	402
Remaining Aug. 31, 1843.....	41	41	82
Average number of patients	40.6	41.3	81.9
" time of the whole in the } Asylum, (months) }	20.7	27.4	23.6
" " of those cured	8.5	10.4	9.5
" " of those who died	28.2	47.7	36.5
" " of those discharged } not cured }	38.2	64.1	49.2

INSTITUTION AT PATERSWALD.

In 1841, about the time that the census of the insane was ordered, the Provincial Government* resolved to found two public institutions for the insane, and made an annual appropriation of thirty thousand thalers towards a fund for that purpose. After the lapse of several years, a farm for the institution of East Prussia was purchased. It consists of sixty-one acres of land, upon the banks of the river Aller, at Paterswald, near Wehlau. It is a pleasant plateau, fifty feet above the ordinary level of the river, and a part of it shaded with groves. The building is upon the general model of the Saxon institution at Halle, and, like that, is intended for curables and incurables, in distinct departments. Considerable progress was made towards its construction in the course of the year 1848.

9. WEST PRUSSIA.

The population of West Prussia, in 1846, was 1,019,105; and the number of insane and idiotic, in 1842, 383. Of these 201 were males and 182 females. The province has no institution specially for the insane, but, in 1847, there were about fifty patients in the lazaretto at Dantzic, and twenty in the general hospital at Schwetz.

In 1848 it was intended to erect a "relatively connected institution for curables and incurables" in the neighborhood of Schwetz.

* I believe that East and West Prussia, including Lithuania, are united under one Provincial Government.

(*To be continued.*)

ARTICLE V.*

15. *Third Annual Report of the Governors of the Alms-House, New-York*, 1851. Svo. New-York, 1852.
16. *The Twenty-eighth Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* April 1, 1852. Svo. Hartford, 1852.

We received the above, subsequent to the preparation of our article on this subject, in the last number.

The *Annual Report of the Governors of the Alms-House, New-York*, includes the statistics, not only of the Alms-House proper, but also of Bellevue Hospital, the City Prisons, the Colored Home and Colored Orphan Asylum, the Lunatic Asylum at Blackwell's Island, the out-door Poor, the Penitentiary, and the Penitentiary Small Pox Hospital.

We select from these, for analysis, the Fifth Annual Report of Dr. M. H. Ranney, whom we supposed (in a former number) was associated with Dr. Ray, but doubtless incorrectly.

The following summary is interesting. Since 1826, the time when separate wards were allotted to the insane at Bellevue, more than 6,000 patients have been admitted, and within the past five years, 2,561 have been under the care of Dr. Ranney.

At the commencement of 1847, there were nearly 400 patients in the asylum. The accommodations were only sufficient for a little more than one half of the number.

* Concluded from p. 202.

Five attendants had charge of them, assisted by twenty-six convicts from the Penitentiary. It was impossible to allow them the necessary out-door exercise. The diet also was of inferior quantity, and from a want of sufficient vegetables scurvy often occurred. The violence and noise of many of the patients were necessarily aggravated and increased by close confinement.

"The radical defects were, want of room, want of suitable attendants and a sufficient number of them, and want of proper food." The enlargement of the building was completed in the autumn of 1848. In this year also, Drs. Ogden, Williams, Macdonald and Earle were appointed visiting physicians, who subsequently made an important report to the Common Council, pointing out abuses and recommending improvements. In 1849, under the new law, full power was given to the physician to appoint and remove attendants. In 1850, convict help was dispensed with in three of the halls, and hired attendants substituted. A night watchman was appointed; the Croton water was introduced, and many minor improvements effected.

In 1851, by the enlargement of the building, the number of the rooms was nearly doubled. There are sixteen attendants employed and eight convicts, there being only one hall, in the main building, in which prisoners are permitted to render assistance. Although the number of patients has increased, not more than three or four are daily confined to their rooms. From the improved diet, the scurvy has entirely disappeared. The supply of water is very abundant.

The result is that "violence, noise and confusion have been succeeded by quietude and order, and I believe that the very worst class of patients are as comfortably situated at present as were the best class in 1847."

The statistics are as follow:—

	White.		Black.		Total.
	M.	F.	M.	F.	
Number of patients Jan. 1, 1851,....	192	256	8	8	464
Admitted during the year,.....	210	217	6	8	441
<hr/>					
Whole number in course of the year,	402	473	14	16	905
Discharged during the year,.....	143	155	3	7	308
Died, " " ".....	36	40	1	3	80
<hr/>					
Remaining Dec. 31, 1851,.....	223	278	10	6	517

Of the admissions 175 were immigrants who came to this country within the last three years, 52 were received from hospitals, and the remainder, 204, were either residents of the city or belonged to an adjoining county.

Of the 308 discharged, 208 had recovered, (being an increase of one per cent. on 1850,) 90 were improved, and 10 were unimproved.

The principal causes of death were consumption (25), general debility (15), paralysis (11), chronic diarrhœa (8), epilepsy and apoplexy (9). There has been no case of suicide.

While speaking thus cheerily of the progress of the institution, and of its numerous improvements, and of the favorable results in the treatment of the insane, Dr. Ranney again reverts to what he justly calls a blot on the name of the institution, the employment of convicts as attendants or nurses, *the erasure of which has been only commenced within the past two years.* "The patients as well as their friends, are fully aware of this connection, and from this source the most unpleasant associations exist. The important work is already half finished, and shall it not be entirely completed?"

Dr. Ranney earnestly advises, in order to accomplish the above purpose, that a wall be built, completely separating this institution from the others, and wholly dispensing with prisoners as help in any capacity. The employment of a few proper and industrious persons in

the domestic departments, (he adds,) would obviate all necessity for this objectionable aid. It would afford an inducement for the patients to engage with them in useful labor, and, if under proper control, this would prove highly salutary and beneficial. If a wash-house were erected, all the washing and ironing might be done by patients under the direction of one attendant.

"Religious service has been held on each sabbath by the Rev. Z. Searle, Chaplain of the Island, and on Thursday of each week the Rev. George L. Neide, of Manhattanville, has had the kindness to hold the Episcopal service. The patients were visited weekly by a Catholic Clergyman. I am fully confident that religious exercises, properly conducted, produce a favorable influence. Even in cases where the mind of the patient dwells on religious subjects, and although despair be the predominating feeling, yet words of consolation may inspire hope, and thus aid in removing the feelings of doubt which enshroud the mind. It is not surprising that a subject involving such an amount of future 'weal or woe,' should engross the attention, and its influence be strongly exhibited when the mind becomes disordered. It is not often from a firm belief in any particular doctrine that insanity may be produced; on the contrary, it is from unbelief, a doubting, a feeling of uncertainty as to the future. If one has a firm and steadfast faith his acts will, to a great extent, correspond with his belief, and consequently his conscience will approve. Too often a mere tacit assent is mistaken for true faith."

16. Dr. Butler, the physician of the *Hartford Retreat*, presents the following table:

	Males.	Fem.	Total.
Remaining,	72	85	157
Admitted during the year,	68	90	158
	140	175	315
Of these there were discharged, Recovered,...	26	42	68
" " " Much Improved,	5	5	10
" " " Improved,	5	7	12
" " " Not Improved,...	7	15	22
" Died,	9	13	22
	52	82	134

The whole number admitted since the opening of the institution has been 2,318; the whole number discharged 2,137, of whom 1,203 were recovered.

The legislature at its last session increased the annual appropriation from the State for the relief of the indigent insane from \$5,000 to \$7,000.

Dr. Butler introduces an affectionate notice of the Rev. Mr. Gallaudet, and his services, which we would readily copy, had we not already in type the notice by Mr. Barnard. We add, however, the concluding paragraphs :

"To us it is an interesting fact, that three so eminent philanthropists as Drs. Todd and S. B. Woodward, and Mr. Gallaudet, should have been intimately connected with the origin and progress of this Institution! Dr. Todd, it is well known, was the first superintendent, and Dr. Woodward with himself were among the most efficient of its founders and early friends. The three were natives of this State, and for many years resided in this city or its immediate vicinity.

"They were warm personal friends, and were alike distinguished for the active, energetic sympathy, and the expansive benevolence, which make men blessings to their kind.

"They have gone to their reward, leaving behind them a memory of pure motives and good deeds, of which their native State may well be proud.

"During the year we have diligently availed ourselves of every means within our reach of affording amusement and instruction to our family. Our reading and sewing parties have been continued weekly, and our singing and dancing parties occasionally. We have had tableaux, and exhibitions of the magic lantern, and from time to time pleasant social re-unions of the more convalescent patients, sometimes of one and sometimes of both sexes.

"We have had sleigh-rides and excursions during the winter, and at other seasons excursions to the different manufacturing establishments of the neighboring towns, New-Britain, East Hartford, &c. ; parties to the "Tower," State Prison, &c., &c. Within the city, parties have frequently visited the Deaf and Dumb Asylum, the Young Men's Institute Library, the Historical Rooms, the Green Houses, and different manufacturing establishments. To most of our patients these institutions and establishments are novel : they are interesting to all. Our thanks are due to the gentlemen who have them in charge, for the ready and kind attention with which our numerous parties of visitors have been invariably received.

"Free tickets of admission were generously presented to such of the patients as were able to attend, to the concerts given by the Hutchinsons, by the Alleghanians, and by Mr. Clirehugh ; to Stanley's Indian Gallery, the Panorama of Pilgrim's Progress, and to Barnum's and Raymond's Menageries.

"As but comparatively few of the patients were able to attend the evening concerts in the city, the Hutchinson Family, the Alleghanians, and Mr. Clirehugh with Mr. Kerracher, the Scottish piper, most kindly came at different periods to the Retreat, and gave concerts to the whole family, to their great delight and satisfaction.

"In July, Miss Catherine Hayes visited the Retreat, and gave the patients the unexpected pleasure of listening to her rare musical powers.

"Such musical entertainments are highly enjoyed by the patients, and by many are correctly and fully appreciated."

SUMMARY.

New Hospital for the Insane in Massachusetts.—From a Taunton paper the following article in regard to the second State Asylum for insane paupers, has been taken. The whole edifice covers an area of 2,520 square feet, not including the two courts formed between the wings. The front is 358 feet long by 40 wide; the main projection from the centre is 50 by 60 feet; there are three wings running back North, 200 feet by 40 wide. A large dome is, to be placed over the centre of the main building, and two smaller ones from the centre of either wing. The whole building is to be three stories high, and from the top of the spire of the large dome to the ground, it will be 116 feet.

The Asylum is now in progress of erection, the foundation being nearly completed. The cellar walls and nearly the whole building are to be composed of Taunton brick. The basement facings are principally of Quincy granite. A water-pipe or aqueduct conveys a constant supply of good soft water, from the Hopewell reservoir, forced by a "water ram" to the premises, some 56 feet above the level of the pond, for the use of the builders. The basement sill is from 40 to 50 feet above the level of the green.

It is a beautiful and airy location, and is already visited daily by hundreds for a pleasant walk or ride. When the Asylum is completed, it will afford one of the most commanding and delightful views from the dome, or even from the second or third stories, that can be found in the county embracing a range of twenty or thirty miles in extent.—*Boston Med. and Surg. Journal*, July 7, 1852.

An esteemed correspondent in a late communication to us writes as follows in relation to the above:

"At the meeting of the Association of Superintendents of American Institutions for the Insane, held in Philadelphia, in May 1851, you may remember a series of propositions relative to the construction of Hospitals for the Insane, were adopted with entire unanimity, and published as the deliberate conviction of that body on the subjects referred to. Regarding the proper arrangement of such buildings as of the utmost importance, and believing that the community are bound to respect, (as I am disposed to think they are inclined to do,) the sentiments of a body of practical men, like the Association of Superintendents, I would beg leave to suggest that whenever a new Hospital is commenced, you

should, on behalf of your brethren, on behalf of the medical profession, of the insane, and of the whole public, ask, whether these propositions have been faithfully carried out, and if not, in what particulars they have been varied from, as well as the reasons for the changes or departures from them that have been made.

"It seems to me an explicit answer to such questions would be highly interesting and instructive, and I think all your readers would be gratified, if you would begin by propounding these questions, relative to the new State Hospitals in Massachusetts and North Carolina, both of which have been commenced since the meeting of the Association in 1851."

We entirely approve of the suggestions of our correspondent, and hope some of the gentlemen interested in the institutions referred to, will furnish us with an answer to his inquiries, for the next number of the *Journal of Insanity*. The importance of the subjects referred to, as regards the best interests of the insane cannot be over-estimated.

INSANE ASYLUM IN THE DISTRICT OF COLUMBIA.—"The sum of \$100,000 has been inserted in the Civil Appropriation bill passed by Congress, for the purchase of a site containing not less than ten nor more than fifteen acres of land, in the neighborhood of Washington, and for the erection, furnishing and fitting up an asylum for the insane of the District of Columbia and of the army and navy of the United States."—*Newspaper Extract.*

Our readers will be pleased that at the last Session of Congress, the above appropriation was made for the erection of a Hospital, near the City of Washington, for the Insane of the Army and Navy, and of the District of Columbia, and we also have the satisfaction to announce the appointment of Dr. Charles H. Nicholls, as Superintendent of the new institution, and that the purchase of a fine farm, in an admirable location, on which the necessary buildings are to be immediately erected, has now been effected.

Dr. Nicholls is well known to the readers of this Journal, as the able Assistant of Dr. Brigham, in the New-York State Lunatic Asylum, and subsequently as Superintendent of the Bloomingdale Asylum, near the City of New-York, and is admirably qualified for the new post for which he has been selected. Although we have always felt surprised that the Governors of the Bloomingdale Asylum were willing to part with so good an officer, we are quite sure the public will feel under lasting obligations to them for allowing him to enter upon duties of a more extended and important character.

The selection of a competent man, familiar with the treatment of the Insane, and of the requirements of a Hospital for their accommodation, before any plan is adopted, or a site selected, we regard, as of such great importance that we have particular pleasure in referring to this action of the General Government as an example worthy to be followed by our State authorities who are about putting up similar institutions.—It can hardly fail to insure a good Hospital, at a less cost than by any other method, and save the mortifying labor to which most Superintendents are subjected, when first entering on their duties--attempting to remedy the errors and omissions, and imperfect arrangements, which have resulted from entrusting the erection of such buildings to, it may be, skillful architects and worthy building committees, but still men without any practical knowledge of the wants of the Insane.

Commission to examine Insane Prisoners in Pennsylvania.—At the last session of the Legislature of Pennsylvania, the Hon. Wm. B. Reed, District Attorney of the County of Philadelphia, Dr. Thomas S. Kirkbride, Physician of the Pennsylvania Hospital for the Insane, at Philadelphia, and Dr. Joshua H. Worthington, Physician of the Friends' Asylum, near Frankford, were appointed a Commission to examine any insane prisoners who may be confined in the Eastern State Penitentiary, and to decide who are likely to be benefitted, by being transferred to the State Hospital at Harrisburg, and who may with safety to the community be sent to that Institution. This Commission, we understand, is now engaged in performing the duties assigned it by the Act of the Legislature. The whole subject of providing for insane criminals is a most important one to the community, and we look for an able report from the Committee to whom the subject was referred at the last Meeting of the Association of Superintendents of American Institutions for the Insane.

Statistics of Insanity.—From the reports of the visiting justices of Hanwell and Colney-hatch Lunatic Asylum, some very interesting facts have been obtained, and afford ample materials for the consideration and contemplation of the philanthropist. At the Hanwell Asylum during the year, 190 patients were received—viz., 88 males and 102 females. The causes* of the disorders of the males being moral in 31 cases, and physical in 31 others—the rest being unascertained. For the females, the moral causes were 5, and physical 19. The moral causes in the males are thus enumerated: Poverty, 3; domestic unhappiness, 2; disappointed affection, 3; grief, 3; dissipated habits, 1; over study of re-

ligious subjects, 3; anxiety, 2; political excitement, 1; remorse, 1; disappointed expectation, 1. On the female side—Disappointed affection, 1; fright, 1; poverty, 2; grief, 1. They were mainly divided as to religious principles, as follows:—Church of England, males, 48; females, 60; Roman Catholic, males, 4; females, 4; not ascertained, males, 32; females, 23. As regards education, the following results were obtained:—Well educated, male, 1; females, 18; plainly educated, males, 15; read and write, males, 33; females, 30; read, males, 2; females, 11; not ascertained, male, 32; females, 43. At the Colney-hatch Asylum 411 males and 669 females had been received. Causes of disorders:—Males, moral, 89; physical, 140. In the female branch the following only were ascertained:—Moral causes, 90; physical, 135. The moral causes of the males are thus enumerated:—Domestic grief, 7; intemperance of wife, 7; dread of poverty, 7; want of employment, 6; reverse of fortune, loss of property, &c., 12; loss of wife or children, 3; disappointed affection, 3; unhappiness at home, 1; erroneous views in religion, 3; sudden shocks, frights, &c., 29; jealousy, 3; pride, 3; over anxiety, 2; sudden loss of several cows, 1; regret for a theft, 1; suicide of a brother, 1; over excitement at the Great Exhibition, 1. On this head the female side stands thus:—Domestic misery, from desertion or ill-usage of husband, 13; loss of husband, children, parents, &c., 14; domestic grief, poverty, &c., 10; shock on information of sudden death of relative, 6; disappointed affection, 15; neglect, 6; through reading the trials of Mannings, the murderers, 1; father's profligacy, 1; erroneous views of religion, 1; despondency on quitting service of long duration, 2; accidental poisoning of a daughter, 1; omission in a bill, 1; fright, 14; loss of property, 3; over-indulgence of parents, 1. Education: read and write, males, 171; females, 275; read only, males, 63; females, 135; no education, males, 79; females, 183. Religion: Church of England, males, 238; females, 414; Roman Catholic, males, 35; females, 74; Dissenters, males, 96; females, 102; unknown, males, 32; females, 79.—*From an English Paper of September, 1852.*

Bethlem Hospital.—At a special meeting of the Governors of this Hospital, held lately, it was recommended by the committee in their report, that there should be appointed a resident Medical Officer of a very superior order, who with the present apothecary, should have the entire management and control of the patients and servants, and by devoting the whole of his time, should secure to the establishment a more perfect attention to the various cases under observation.—*Medical Times and Gazette, May 8, 1852.*

Strange that this arrangement should have been delayed until the present time. The present attending physicians, Ed. Thomas Monro, M. D., Sir Alexander Morrison, M. D., and William Wood, M. D., hearing of the proposed change, inquired of the Governors as to the motives of the proposed change, adding as follows :

" We feel that we can confidently challenge comparison between the condition of Bethlem Hospital, and that of any similar institution, and those Governors who have attended the Sub-Committee and visited the wards have uniformly expressed the opinion of its good order, and the satisfactory state of the patients generally, in a book under their own hands.

" The cures during the last seven years have not only equalled, but exceeded those of any corresponding period since the hospital was founded. Mechanical restraint has been gradually diminished, and at last altogether discontinued. Upon these grounds, we earnestly appeal to the committee, whether changes which must degrade us all, and in our persons dishonor our profession, should be thus hastily made, without giving us the opportunity of defending ourselves against any charges which may have been made against us."

The official reply to the above, contains the following explanation :

" The appointment of a Resident Physician and Medical Superintendent, which, was unanimously agreed to by the committee, and unanimously confirmed by the last Court, had long been felt by the President and Treasurer, and many Governors, who have devoted much attention to the management of Bethlem Hospital, and who possess considerable experience in the direction of similar establishments, to be a necessary and desirable alteration in the system pursued at Bethlem Hospital, where, in consequence of the number of patients having doubled since the appointment of the present physicians, the introduction of employments on an extended scale, the classification of the patients under the charge of numerous subordinate officers, and the increased duties involved in the improved and daily improving treatment of lunatics, a degree of constant supervision at all times, direct control and undivided responsibility, was imperatively demanded, which it was not in the power of any non-resident physicians under the present system to secure."

Having thus definitively determined on this most important change, it may be interesting to the Medical Resident Superintendents in this

country, at least, to learn the duties imposed on their foreign associate. We give these from the Medical Journal already quoted, with its comments.

"The proper care of the patients, and the due administration of the Hospital, in accordance with the RULES, shall be his first consideration; next to which he shall use his best exertions to render the establishment effective as a school for the study of insanity and the dissemination of knowledge respecting its nature, causes and present treatment. To effect which

"He shall admit as pupils, medical students who comply with the rules prepared for such cases; the Governors reserving to themselves the right of nominating from the Metropolitan Hospitals, ten pupils, who shall attend gratuitously.

"He shall make such regulations for their instruction, consistent with the comfort of the patients, and the educational proceedings in the other Hospitals, as he may see fit.

"The pupils shall have the privilege of attending all *post mortem* examinations made in the Hospital. He shall give, during each term, a course of lectures to be illustrated by the cases under consideration at the time.

"He shall, at the close of each term, examine the several pupils, and shall recommend to the Committee, the most proficient of them for appointment as Clinical Clerk.

"His salary shall be £700 per annum, exclusive of pupil's fees, with a residence in the Hospital, furnished with planned and fitted furniture, and an annual allowance of coals, not exceeding twenty tons, with a limited supply of gas."

We regret, however, most deeply that the Resident Physician is to be "under the control of the President! the Treasurer!! the Committee!!! and the Bethlem Sub-Committee!!!!"

God help the unfortunate wight! We much doubt that any "Fellow or Licentiate of the College of Physicians in London, Edinburgh, or Dublin, or a Doctor of Medicine of the University of Oxford, Cambridge or Edinburgh, qualified to practise as a Physician," worth such a salary as is offered, will be found to accept the office under the terms proposed. *Mais nous verrons.*—*Medical Times and Gazette*, May 15, 1852.

The manifest and prominent leading defect in the above plan, is that it contemplates carrying out the Superintendence of a Hospital containing 350 patients, with a single Medical person and an Apothecary. Nor

is this a solitary case. Colney Hatch, the largest establishment in Europe, with 1,200 Lunatics, has, according to the *Lancet*, only two Medical Officers.—*Editor*.

Robert Pate.—Our readers will recollect that we gave the trial and sentence of this individual at Vol. 7, pages 112, 268. He has subsequently been seen by Lieut. Col. Mundy, at Van Dieman's Land. "He was occupied, along with a party of men in the grey dress and leather cap of convicts carrying fire wood for the engines of a steamer. He was in perfect health of body, and according to his attendants, of mind also. If such be really the case, there can be no pity felt for so sorry a scamp."—*Literary Gazette (London) May 22, 1852*.

Lunatics at large.—In the House of Lords, (June 17, 1852,) the Earl of Shaftesbury, in moving the second reading of this bill, said,

"It was a measure that had been long in preparation, and every week's delay in its progress had more and more contributed to manifest its necessity. The case of a member of the other house (Feargus O'Connor,) which had recently engaged such general attention, was one which added great force to the growing demand for legislation of the kind. It was become quite essential that persons so afflicted should not be permitted to wander about, merely because they had not committed some absolute crime. When a crime had been committed, it would be poor consolation to the sufferer, or to the sufferer's friends, or to the public, to know that the perpetrator had at last been taken into safe custody; and there was no knowing from hour to hour when the crime would take place; blows with the hand might at any moment, be followed up in the case of madness, by blows with a knife or a sword. Such cases, moreover, were not exceptional; on the contrary, they were very numerous, and they were particularly rife at moments of public excitement on any subject. The necessity of some provision of this kind was first brought under public notice by the Commissioners of Police in 1848, in a memorial to the Home Office, which arose out of the case of Mr. M——, a case that often appeared in the Police Courts, and was the case of a man who went about threatening the lives of various persons, but whom in the absence of any overt acts of outrage on his part, the Police were not in a position to take into their charge, though he was well known to be mad, and whom, to prevent any violence on his part, no fewer than twelve policemen were engaged for several weeks in watching. The law, as it now stood, would not permit any man to be apprehended, though notoriously to all intents and purposes a lunatic, until he had

committed some positive overt act, and then he was brought up not as a lunatic, but as having been guilty of a breach of the peace. The measure now before their Lordships had been prepared under the sanction of the Commissioners of Police, of the Commissioners in Lunacy, and of the Home Office. The provisions of the bill were very simple and safe.— They enacted, that in the case of any person of the description to which he had referred, going about without relatives, or having relatives, who did not discharge their duty, the police might go before a magistrate, and having made deposition on oath, of the facts of the manifestation of insanity and the probability of violence, the magistrate might order the alleged lunatic to be brought before him, cause him to be examined by two medical men, and if they pronounced him insane, make out an order for his transmission to the County Lunatic Asylum, or if that should be full, to some other place of lunatic reception duly licensed and registered. The existing law was quite inapplicable to the case in view, reaching as it only did, the case of wandering lunatics, or those who were ill-treated or neglected by their relatives. The other provisions were that where any keeper of a private asylum had a dangerous lunatic, for whom nothing was paid, and whom, he might therefore discharge, the magistrate, on due inquiry, might give an order for his admission into the county asylum. Such were the provisions of this measure, and he hoped that their Lordships would at once give it their sanction."

The Lord Chancellor would not oppose the principle of the bill, but he would suggest that his noble friend should postpone further proceeding with it, until the next session of parliament. It was a most important measure, and required more consideration than it was possible for their Lordships to give it at the present advanced period of the session.

The Earl of Shaftesbury said he would adopt the suggestion of the noble and learned lord, and postpone the measure until next session.— *The Atlas (London Newspaper) June 19, 1852.*

Insanity of a Murderer?—The following is an extract of a despatch from Sir James Harris (Ambassador from England at St. Petersburg,) addressed to Lord Grantham, Secretary of State, Dated No 4. November, 15th 1782. Sir James Harris, was subsequently created Earl of Malmesbury, and is better known by that title.

"Two motives, of a very different nature, affect at this moment, the Empress' mind very strongly, and cast a dark cloud over the course of ambition and glory she seemed to be so prosperously running. The one arises from the humiliating and offensive reason the monied men in Holland publicly assign for refusing to grant her a loan of six millions

she is soliciting, or in any shape to increase the trifling debt she already owes them. The other proceeds from a most unfortunate accident which has happened to Prince Orlov, who is returned to the capital after an absence of a few months, in a state of perfect insanity. The conduct of the Amsterdammers raises her indignation, hurts her pride, and justly alarms her, lest the credit of her Empire should be injured by the crude manner in which they assert that its riches and resources are both imaginary and precarious; the other impresses her with the deepest concern, and it should appear that at no period of her life, her feelings were so strongly and painfully moved as by this melancholy event, which has befallen her earliest favourite, and a man who at all times, has been the fond object of her affections, if not of her passions.

"Her conduct has been one of the most boundless regard, carried even to weakness. She absolutely forbids any harsh methods to be employed, rejects all ideas of confinement, or discipline, and hoping, against all precedent, to restore him by gentleness and indulgence, she suffers him not only to visit and be visited, but admits him, at all hours, and in all dresses, whether she is alone, in company, or engaged in the most important concerns, to her presence. His situation of mind, when he is there, his wild and incoherent discourse ever affect her to tears, discompose her so entirely, that for the remainder of the day she can enjoy neither pleasure nor business. She is sometimes exposed to hear the most unwelcome of all language, and a few nights ago, he exclaimed, of a sudden, that remorse and compunction of conscience had deprived him of his senses, and that the share he had in a transaction long since past, (the death of Peter the Third, the Empress' husband, who was dethroned July 6, 1762, and died in prison a few days after,) had brought down on him the judgment of Heaven. Your Lordship may easily guess to what a cruel recollection such expressions in his mouth must give rise, and how intimately connected the tranquillity of her conscience must be with that of his; but however these ungrateful subjects may embitter the moments she passes in her closet, their influence does not stop the progress of public business, or that of her ambitious pursuits."—*Lord Malmesbury's Diaries and Correspondence, Vol. 2.*

Rarity of Repetition of attempts at Suicide by Fire-arms. By M. H. LARREY.—M. H. Larrey, in a recent discussion, observed, that according to his experience suicidal maniacs may make repeated attempts at terminating their existence by poison, drowning, or other means of inducing asphyxia, and even by the sword or dagger; but that individuals who have once attempted to kill themselves by *fire-arms*, scarcely ever

renew their suicidal endeavor, but resort eagerly to all surgical means capable of correcting or effacing the effects of their mutilations. Among numerous others he might allude to, he referred to two young soldiers, now at the Val de Grace, who having in vain endeavored to blow their brains out, have never since shown the slightest attempt to repeat the act. A case occurred to Dupuytren in the person of a soldier, who after having in vain attempted his life several times, at last endeavored to blow out his brains, but only succeeded in mutilating his face. Cured, however, of the effects of this serious accident, he became also forever cured of his suicidal mania. M. Larrey inquires, whether the cerebral commotion produced in these cases effects a salutary perturbation in the mental condition?

M. Brierre confirmed M. Larrey's statements; and observed, that it may be advanced, if not as an absolute, at least as a very general rule, that individuals that have once endeavored to shoot themselves never repeat the attempt. Frequently, at the end of several years, they make new attempts at suicide by other means. Persons, on the other hand, who have failed in accomplishing their death by the various other means, frequently recur to those among them which they have already uselessly employed.—*L'Union Medicale*, in *Boston Med. and Surg. Journal*, May 1852.

Dr. Dickson, (of South Carolina,) on Monomania.—"I have never certainly seen any instance in which a single faculty, or power of the mind was perverted *exclusively*, that is, allowing all others, their normal range and capacity. I have examined many such, and have always found some collateral disorder and confusion. In medical jurisprudence, it is extremely unsafe to suggest or maintain the views which are becoming so prevalent in the present day on this point. Unless there were certain other exhibitions of mental aberration, I cannot agree to hold guiltless a thief, simply because he exhibits an inordinate thieving propensity, nor a murderer, because he is urged on by a homicidal inclination, any more than I would acquit of the guilt of assault a morbidly pugnacious man. The doctrine is untenable and dangerous, and will, if pressed, lead to a cruel and savage reaction, as in the case of Baker of Kentucky, where a furious maniac suffered the penalties of the law, while howling defiance to all laws; a scene of inhumanity sufficient to have 'hung the heavens with black.'"—*Dr. Dickson's Essays on Life, Sleep and Pain*.

Medical Witnesses in Cases of Insanity.—In some parts of the United States, it is becoming quite common to summon the Medical Superintendents of Asylums in cases of doubtful sanity, and this without regard

to distance, and with but little attention to the expenses to be incurred. In addition to this, the individuals to be adjudged on, have scarcely ever been seen by the Superintendent, until possibly just before the Courts open, and indeed usually not until the prisoner is arraigned.

Now the Superintendent is a State Officer, appointed to certain duties, and for the due performance of which he is held responsible. Can he duly discharge these, if by the same power, he is summoned to, and detained week after week, in counties often far removed from his residence?

Reflecting much on the growing frequency of this evil, (as we regard it.) we took the liberty some time since, of addressing a Manager of our State Lunatic Asylum, and a gentleman of the legal profession, as to his views on the subject.

We copy a portion of his reply, and very seriously submit it to the consideration of such of our Legislators as may see it.—*Editor.*

“Compelling a Superintendent of a public institution like this, to travel all over the State, and without compensation in criminal cases, in obedience to a subpoena, is a serious wrong to the individual and to the institution, and some corrective should be provided. My impression now without having given the subject much reflection, is to provide by law, that the Superintendent shall not be bound to attend as a witness in any civil or criminal case, in which he has no personal knowledge of any fact material in the issue to be tried, or in other words, he shall not be required to attend merely to give a professional opinion, or an opinion as an expert in insanity.

“When the Superintendent has personal knowledge of a fact to be proved in the case, it would be wrong to deprive either party of the benefit of his testimony, and he should be liable to be subpoenaed the same as any other person. You might also, if it be thought best, make it the duty of the Superintendent, as a public officer in the service of the State, to give his opinion in writing, or any case or statement of facts or testimony, in relation to insanity, submitted to him by the Governor, or any one of the Judges. This would enable the Governor to get his opinion, if he desired it in all cases of application for pardon or commutation, on the ground of the insanity of persons convicted of crime.

“These are my views, hastily and crudely expressed, and therefore subject to modifications by further consideration and discussion.”

A Singular Case—The Treatment of Crime.—A correspondent of Wyoming county sends us an account of a case of mental malady, moral hallucination, or whatever it may be called, which lately occurred in that

region, and which may suggest some useful reflections for the student of spiritual pathology.

Something over a year since, the people of a quiet district of that county were startled with a report charging the crime of theft upon the wife of one of the most esteemed citizens of the place. What rendered the charge still more exciting, was the fact that both the accuser and the accused were members of the same church, and both of hitherto untainted reputation. A suit for slander was the consequence; but before the trial came on, such was the difficulty in the way of justifying, and such the drift of public opinion in favor of the accused, that yielding to the advice of counsel, the defendant, who was also a woman, proposed terms of settlement, and procured a release from prospective damages by paying the plaintiff some forty dollars to discontinue the suit.

Meanwhile the church took up the matter and tried the accuser, who seemed thus wrongfully to charge her sister with so grave an offence. On this ecclesiastical trial the accuser adhered to her original declaration, but, not sustaining it, was expelled from the communion of the society. After this the accused went before the Grand Jury of the county, and made an earnest endeavor to procure an indictment against her accuser for perjury. But this failed, and for some time the position of the parties remained unchanged—the accused justified by the church and the world, and the accuser eclipsed by a suspicion of perjury, and in disgrace among those she had been wont to love and honor as brethren and sisters.

But suddenly, from some cause not fully explained, the accused party, after having triumphed over the accusation and its author, has confessed the truth of the charge. She admits, too, that it is true not only in the single case alleged, but that for years she has been in the habit of pilfering. A person of good education and respectable connections, she was in the possession of ample means to satisfy every desire, and stole merely to gratify an irresistible passion. What she took she used to destroy immediately afterward. Though haunted by the keenest sense of sin in the act, and wont before going where she might be tempted to commit it, to retire to her closet, and on her knees, and with tears of agony streaming down her cheeks, to implore the help of heaven to subdue the propensity, she still perpetrated the offence on every occasion.

On this confession, the husband of the unfortunate woman hastened to make restitution to all sufferers. Our correspondent adds, that in this sore affliction he is sustained by the sympathy of all who know the parties.

We recollect several similar instances of habitual theft occurring within the past twenty years in Albany, Boston, this city, and other places. They would seem to require a modification of the usual view of crime, and to suggest a more humane treatment of its perpetrators. In these cases the offence has none of the features of a malicious and wilful wrong committed against others, for the sake of some real or fancied advantage to the offender. Its characteristics are those of malady. The resistless impulse, against which the prayer of faith and the anguish of a soul bathed in the horrors of repentance, were unavailing; the theft committed for the sake of committing it alone; the immediate destruction of the stolen article without an attempt to make use of it—are all the symptoms of intimate and subtle disease rather than of wilful and criminal depravity. In our view, the unhappy person deserves the tenderest pity from her stronger and saner fellow beings, but not the scourge of public condemnation, abhorrence and scorn.

Our treatment of crime has been dictated by the necessities of Society in its various periods, and at this day we do not doubt that it is generally what the exigencies of our social condition require. But as it has hitherto grown less rigorous and more humane with the advancing wealth, intelligence and morality of the people, there is no doubt that it will continue to change in the same direction. The time will doubtless come when such facts as those we have stated above will have their weight in legislation; meanwhile they are of great importance as elucidating the philosophy of the subject.—*N. Y. Tribune Newspaper.*

We solicit the views of our Correspondents on the above.—*Edit.*

On the Prognosis in Mental Diseases, by JOHN CONOLLY, M. D. [Transactions of the Provincial Med. and Surg. Association, vol. xviii. 1851.]—The following summary of this paper is given in the *London Journal of Medicine*, for July, 1852:

The prognosis is mostly *unfavorable* in the following circumstances; Structural disease of the brain or its membranes; cases of insanity occurring in children under ten or eleven years of age; cases occurring in young men, especially when there is a perversion of the moral character; cases in persons aged about fifty or fifty-five, associated with some idea connected with sexual feelings; (somewhat unfavorable) occurrence of frequent paroxysms of mania in young persons of either sex, without manifest disturbance of the general health, and with intervals of rationality; cases in women, connected with obscure uterine causes, continuing throughout life; cases of acute mania, if they have continued more than a month (Esquirol;) the occurrence of epilepsy during mania, especially

if repeated; the supervention or persistence in long-standing cases of illusions of hearing and seeing; incoherence of language—delusions as to persons and places, and as to rank, riches or poverty—also dirty habits; general paralysis of the insane; change of character, followed by general paralysis; melancholia at about forty-five or fifty years; alternations of melancholia and excitement; the occurrence of mania, talkativeness and restlessness, in patients who have long been melancholic, inactive and silent; regular intermittence of the disorders; rapid pulse and fever in puerperal mania; repeated attacks of mania from intemperance; insanity occurring after many years from falls or blows on the head; insanity from overgreat mental exertion, or from violent mental impressions; cerebral excitement in hot climates, especially, if continuing after a return to England; insanity in a family where pulmonary consumption or scrofula has appeared; cases attended with dropsy, jaundice, erysipelas or heart disease; the supervention of general debility during insanity; mania resulting from thickening of the membranes, or excitement of the brain, following fever; great increase of fatness attending increasing feebleness of mind; monomania appearing for the first time in men or women of forty or fifty years of age; cases occurring after the age of seventy; cases of mania and melancholia, in which patients have been largely bled; and finally, violent restraint and other acts of mismanagement, put the maniacal patient into the most unfavorable position for recovery.

The prognosis may be considered more or less *favorable*, when the undermentioned conditions are present—cases of imbecility or idiocy in children, much more favorable than generally expected, as shown by the result of the attempts to educate idiotic children; cases occurring in men when about to marry; cases occurring in young women at puberty, the symptoms amending with the establishment or restoration to regularity of the uterine functions; acute attacks of mania or melancholia from the age of 20 to 45 or 50, the most sudden and violent attacks being most favorable; religious delusions in women of various ages, generally connected with ovarian or uterine disorder; melancholia in women of 45 or 50; melancholia in young persons; partial return of consciousness, with violent weeping in maniacal cases, when beginning to recover; cases of puerperal insanity; melancholia and delirium connected with plethora or anemia; the supervention, in some cases of ulcer or some local disorder; and the appliance of rational treatment and attention to the patient's comfort, in an asylum, will do much to render the prognosis favorable.

A Youthful Monomaniacal Incendiary.—The accused fourteen years of age, was arraigned before the Assizes of the Seine (France.) He is small of his age, his brow is narrow and his eyes sunk. He is well dressed, belonging to a respectable family of workmen at the Faubourg Saint Antoine, and *no motive can be assigned for his crime than a kind of monomania.* On his trial, he replied coolly, and was altogether unaltered, in the presence of his weeping parents. The Advocate General urged the nature of his offence, and the accused being under the age of sixteen, it remained with the jury to decide on his responsibility. Their decision was in the affirmative.

The Counsel for the prisoner urged that he had been subject to a monomania, which prevented the free use of reason—reason indeed scarcely formed and demanded that he be returned to his parents.

The President of the Court addressed the jury, and on their return, they brought in a verdict of guilty as to the crime, but at the same time, returned a negative on his capacity of mind (*sur la question de discernement.*)

The Court, in accordance with the powers granted to them by the 66th Article of the Penal Code, acquitted him of the crime charged, but ordered that he should be detained in a House of Refuge (*Maison du correction*) until he had arrived at the age of twenty years.—*Gazette Des Hopitaux, August 19, 1852.*

On Vacillations of the Globe of the eye, as a sign of Insanity.—By M. Merier, Physician in chief to the Public Asylum at Saint Dizier.

I have not seen described, in any works on insanity, a sign which I observed fifteen years since, for the first time at the Salpetriere, and which consists in a *trembling, oscillation, or vacillation* of the globe of the eye—a species of permanent and continued convulsion, by means of which lateral movements, and sometimes, but more rarely, those up or down are constantly occurring, without it being in the power of the most energetic will on the part of the patient to prevent them.

When I first noticed this appearance, as above, I called the attention to M. Falret to it. He replied that it was only a part of the general lesion of motions, which always existed in the insane, and that he had been the first to introduce this among the Semeiotics of Mental Diseases.

Since that time I have carefully observed this sign, and have found a number of patients, with whom, it occurred in a marked manner. I have now one at Saint Dizier, in whom the lateral movements are so marked and so incessant, that he is unable to fix his eye for a single moment on an object, without extreme suffering.

My continued observations on the appearance have led me to the following results.

1. That this appearance of convulsive movements (most commonly lateral) always coincides with the period when the affection passes from the acute to the chronic, as for example, from mania to dementia.

2. That the existence and persistence of these ocular motions present an unfavorable prognostic, since so far as we have observed, all cases of this description have proved incurable.—*Gazette Des Hopitaux*, August 19, 1852.

We protest against the idea that either Falret or Merier has been the first to notice the symptom in question. The latter cannot be very deeply read in English writings on Insanity, nor can we upon the observation of about four thousand lunatics subscribe to the value of the symptom.

Central Criminal Court, London, November 29, 1849.—*The Queen v. Frances*. Insanity—Evidence—Examination of medical witnesses.--

[On a trial for murder, evidence was called on the prisoner's behalf, to prove his insanity. A physician, who had been in court during the whole trial, was then called on the part of the prosecution, and asked, "whether, having heard the whole evidence, he was of opinion that the prisoner, at the time he committed the alleged act, was of unsound mind?" Held, notwithstanding the opinion of the judges in the *Queen v. Naghten*, that such a question ought not to be put, but that the proper mode of examination was to take particular facts, and assuming them to be true, to ask the witness whether in his judgment they were indicative of insanity on the part of the prisoner at the time the alleged act was committed.]

The prisoner was indicted for wilful murder. The defence was, that the prisoner, at the time he committed the act which caused the death, was in a state of insanity, and witnesses were called on the part of the prisoner to show that insanity had existed in many members of the prisoner's family, and that he himself had been insane three years previous. At the close of the case for the defence, a physician who had been in court during the whole case, was put into the witness-box, and asked by

Mr. BODKIN (for the prosecution) whether, from all the evidence he had heard, both for the prosecution and the defence, he was of opinion that the prisoner, at the time he did the act in question, was of unsound mind?

ALDERSON, BARON. I cannot allow such a question to be put.

Mr. BODKIN quoted the case of the *Queen v. Naghten* (8 Scott's New Reports) in which the judges, in stating their opinions to the House of Lords, observed that such a question might be put. The following question was submitted to them: "Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law, or whether he was laboring under any, and what, delusion, at the time?" The answer of the judges was this: "We think the medical man, under the circumstances supposed, cannot in strictness be asked his opinion in the terms above stated, because each of these questions involves the truth of the facts deposed to, which it is for the jury to decide, and the questions are not mere questions upon a mere matter of science, in which case, such evidence is admissible, but where the facts are admitted, or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted on as a matter of right."

CRESWELL, JUDGE. That case decides that the question can not be put as a matter of right.

ALDERSON, BARON. And I do not think that it ought to be put at all. I am quite sure that decision was wrong. The proper mode is to ask what are the symptoms of insanity, or take particular facts and assuming them to be true, to ask whether they indicate insanity on the part of the prisoner. To take the course suggested is really to substitute the witness for the jury, and allow him to decide upon the whole case. The jury have the facts before them, and they alone must interpret them by the general opinions of scientific men.

CRESWELL, JUSTICE, concurred.

The prisoner was acquitted.—*Cox's Criminal Law Cases*, vol. 4.

Stafford Summer Assizes. Before Lord Chief Justice Campbell. July 26, 1850. Doe Dem. Bainbrigge v. Bainbrigge. This was an action directed by the Court of Chancery to ascertain the mental competency of a testator to make a will.

Towards the conclusion of the plaintiff's case, Dr. Monro, Dr. Connolly and Dr. Forbes Winslow, were severally put into the witness' box to give evidence on the question of insanity.

COCKBURN, (Solicitor General,) on the part of the lessor of the plaintiff, who asserted the incompetency of the testator, was about to ask Dr. Monro, whether in his opinion from the facts proved in evidence, the testator was sane or insane.

LORD CAMPBELL, Chief Justice, interposed and said the witness might give general scientific evidence on the causes and symptoms of insanity, but he must not express an opinion as the result of the evidence he had heard with reference to the sanity or insanity of the testator, his lordship saying peremptorily that he would not allow a physician to be substituted for a jury.

The Solicitor General hereupon proposed in form the following question to the first witness, Dr. Monro, for the purpose, if it should be necessary, of having its propriety determined in the court above, "Having heard the evidence in this case, are you of opinion that the gentleman was or was not of sound mind?"

KEATING, Queen's Counsel objected to the question.

LORD CAMPBELL said, "I have not the slightest hesitation in overruling it," but at Mr. Cockburn's request he took a note of the point.

Dr. Monro was subsequently proceeding to state, on cross examination, an opinion upon the facts proved in the cause, when LORD CAMPBELL again interposed and requested the witness not to express an opinion upon these facts, but to confine himself to general scientific principles.

The jury ultimately returned a verdict for the plaintiff.—*Cox's Criminal Law Cases*, vol 4.

On Measles observed in Idiotic Children, by M. Delasiauve.—The remark has frequently been made, that in certain classes of the insane, incidental diseases exhibit a severity which is not usually observed in persons in the possession of their faculties. Exactly the contrary to this has been, it is true, maintained by some, and supposed immunity asserted. Georget and Esquirol, however, have shown that insanity disposes the subjects of it to be more severely affected than are others by ordinary disease, and Ferras especially points out dementia and idiocy as unfavorable conditions in this point of view. M. Thore, also, in a special essay on the subject, adopts the same view. M. Delasiauve deduces the same conclusions from the opportunities he has had of observing epidemics of *measles*, at the Bicetre. The children of the *employes* of the establishment were recently attacked in great numbers and from these the disease was communicated to the idiotic and epileptic children. While among the former the eruption pursued a nominal and favorable course, anomalous conditions complicated it among the latter, and very

often rendered it fatal. In different epidemics there has been observed a predominance of some one of these, such as engorgement of the lungs, of the brain, or the parotid, œdema, &c. Violent diarrhœa was the especial characteristic of the present one. Besides this, however, in six out of eight cases, occurring in one section, asphyxia from bronchitis occurred, endangering the lives of the whole and terminating fatally in two.—*British and Foreign Medico-Chirurgical Review*, July 1852, from *Annales Medico-Psychologiques*, vol. 3.

Muscular Power of the Insane, by M. Morel.—A general popular error prevails, that the insane are endowed with inordinate muscular power, and this explains, why so many persons are brought to the Mareville Asylum tied and corded. When M. Morel was first appointed to this, he found numerous patients bound up, reputed dangerous, and especially so, because of their vociferations. He set them at liberty without any ill effect, and attributes much of the violence that had previously occurred to the ill conduct of the attendants. He agrees with Jacobi, that as a general rule, the insane exhibit no inordinate muscular power, and some of the patients of almost colossal stature are easily managed by one person. Indeed, the insane when engaged in manual labor, soon tire and require frequent repose. If some of them by exception, work with a feverish activity, and display great strength, the majority are dejected and languid. The persons in whom he has met with the greatest development of muscular power, belong to the following categories. 1. Persons of small stature, delicate complexions, and nervous temperament, and especially females who appear exhausted by their cries and agitations. Among such miserable looking beings, a power of resistance is developed under certain circumstances, which defies the united energies of several attendants. 2. Insane epileptics. 3. Monomaniacs who are not yet exhausted by the disease, or irrational treatment. When their passion is opposed, these persons sometimes manifest a resistance only to be overcome by several attendants.—*British and Foreign Medico-Chirurgical Review*, from *Annales Medico-Psychologiques*, vol. 3. N. S.

BOOKS RECEIVED, &c.

THE JOURNAL OF PSYCHOLOGICAL MEDICINE AND MENTAL PATHOLOGY. Edited by Forbes Winslow, M. D. No. 18, April 1, 1852.

1. Crime, Education and Insanity.
2. The Psychology of Epochs. (Humbolt's Cosmos.)
3. Nervous Influence, (Review of Mrs. Carleton's Work.)
4. Dr. Webster's Notes on Continental Asylums, (in continuation.)
5. Lunacy—case of Mrs. Catherine Cumming, tried before Francis Barlow, Esq., one of the Masters in Lunacy, and a special Jury, January 7th to 24th inclusive, 1852. (The testimony and pleadings in this case extend over 179 pages.)

No. 19, JULY 1, 1852.

1. The Overworked Mind.
2. Dr. Williams on Insanity.
3. Magic, Witchcraft, and Animal Magnetism.
4. On Mental Physiology.
5. State of Lunacy in England.
6. Private and Lunatic Asylums.
7. Provincial Asylums for the Insane in France, and a Report of the Institution at Illnau, in the Grand Duchy of Baden.
8. Mental Dynamics, in relation to the science of Medicine.
9. Description of a new bed and bedstead for the use of the Insane and other patients.
10. Baron Alderson's "charge against Private Lunatic Asylums."
11. A singular case of Monomania.
12. Mortality and Insanity in separate plan prisons in England and America.
13. Bethlem Hospital.
14. Colney Hatch Lunatic Hospital.
15. The election of Medical Superintendent of Bethlem Hospital.
16. Mrs. Cumming.

We intended to present additional extracts from this and the Journal below, but the accumulation of other matter has prevented.

ANNALES MEDICO-PSYCHOLOGIQUES. April 1852.

1. Lelut on the Phenomena and Principle of Life.
2. J. Moreau on the precursors (prodromes) of Insanity.
3. Notice of recent researches in Goitre and Cretinism, and in particular those of Dr. Ferras. By Dr. CARRIERE.
4. New Regulations of the Medico-Psychological Society.
5. Analysis of French Journals. BRIERRE DE BOISMONT on the judicial declaration of a state of insanity, and on the law relative to the wills of persons said to be insane (*Annales D'Hygiene*). BEAU on a cerebral disease, which may be called acute general palsy. CARRIERE, therapeutic review on the treatment of diseases of the nervous system.

6. Analysis of American Journals, being a retrospective review of the *American Journal of Insanity*, from 1844 to 1851. The following papers are noticed and analysed:—Sudden attack of insanity, and instantaneous recovery; case by Dr. Brigham, (see vol. i. p. 52.)—Duration of Insanity, three years—complete recovery; case by Dr. Brigham, (vol. i. p. 54.)—Case of burglary and insanity, by Dr. Brigham, (vol. i. p. 77.)—Dr. Woodward on homicidal impulse, (vol. i. p. 323.)—Mr. Edward Daniell on impulsive insanity—case of homicidal monomania, (vol. 3. p. 10.)—Return of forgotten things and events during nervous illness; from Coleridge, (vol. iv. p. 222.)—Case of William Freeman, (vol. v. October No.)—Dr. Luther V. Bell on a new form of disease &c., vol. vi. p. 97.)—Dr. Luther V. Bell on the coercive administration of food, (vol. vi. p. 223.) Our friend is repeatedly styled Dr. *Luther*.—Dr. Ranney on a form of insanity, particularly occurring in emigrants, (vol. 7, p. 53.) Dr. Hun's case of Amnesia, (vol. 7. p. 353.) Bibliography and summary.

ANNALES MEDICO-PSYCHOLOGIQUES. JULY 1852.

1. Lelut, Memoir on Sleep, Dreams and Somnambulism.
2. Billod, on the lucid intervals of the Insane.
3. Briere De Boismont, observations on Delirium Tremens.
4. Analysis of French Journals. On the state of the Law concerning wills made by supposed insane persons, by Briere de Boismont, with notes by M. Isambert, of the French Bar, (Annales D' Hygiene.) With various other papers.
6. Therapeutic review of the treatment of nervous diseases, by Dr. Carriere (New remedies proposed, etc.)
6. Analysis of American Journals continued from last number. *American Journal of Insanity*. Dr. Howard Townsend on Delirium Tremens, (vol. 7, p. 364. On a particular form of insanity, called Oinomania, (vol. 8. page 1.)
7. Analysis of English Journals. Extracts from Dr. Forbes Winslow's *Journal of Psychological Medicine*. Bibliography, summary.

(In this number Dr. Townsend is printed *Towsand*, as Dr. Luther V. Bell, was Dr. *Luther*, in the previous one. We supposed such errors were peculiar to the French, but they are fully equalled by the contributors to Ranking's Half Yearly Abstract, vol. 15. On page 330, we have the honor to be inscribed as Dr. *Romega Beck* of *Abany*. We ought perhaps to acknowledge the courtesy, which informs us that a copy of the volume will be sent to our agent in London. We have forwarded it to the Library of the Asylum.)

The Physician's Pocket Dose and Symptom Book, containing the doses and uses of all the principal articles of the *Materia Medica*, and chief officinal preparations. By Joseph H. Wythes, M. D. Lindsay & Blakeston, 1853.

Materia Medica, or Pharmacology and Therapeutics. By William Tully, M. D. Vol. 1, No. 1. Springfield, 1852.

Transactions of the Missouri Medical Association. St. Louis, 1852.

An Address delivered before the Medical Society of Virginia, at its 29th annual meeting. By Beverly R. Wellford, M. D. Richmond, 1852.

Statistics of the Deaf and Dumb. A paper read before the Medical Society of New York, June, 1852. By Harvey B. Peet, L.L. D.

Report of the Board of Directors of the Provincial Lunatic Asylum, for 1851. Quebec, 1852.

Southern Medical and Surgical Journal, October, November, December.

Ohio Medical and Surgical Journal, November.

Nelson's Northern Lancet, October.

New Jersey Medical Reporter, October, November, December.

Transylvania Medical Journal, October.

Western Medico-Chirurgical Journal, October and November.

Worcester Medical and Surgical Journal, October, November and December.

St. Louis Medical and Surgical Journal, November.

Medical News and Library, October, November and December.

New Orleans Medical and Surgical Journal, November.

American Journal of Pharmacy, October.

Charleston Medical Journal and Review, November.

Stethoscope, October and November.

Boston Medical and Surgical Journal, regularly.

Medical Examiner, October, November and December.

North Western Medical and Surgical Journal, October and Nov.

Nashville Journal of Medicine, October and November.

New York Journal of Medicine, November.

Buffalo Medical and Surgical Journal, October, November and December.

New Hampshire Journal of Medicine, October and November.

Canada Medical Journal, October, November and December.

American Journal of Medical Science, October.

Quarterly Summary, Transactions College of Physicians, Philadelphia, October.

British and Foreign Medico-Chirurgical Review, October.

New-York Medical Times, Oct., Nov. and Dec.

New-York Medical Gazette, October and December.

Scalpel, November.

Western Lancet, October and November.

American Journal of Dental Science, October and November.

Dental News Letter, October.

Dublin Monthly Journal of Medical Science.

Dublin Medical Press.

Bulletin L'Academie Nationale de Medecine, Paris.

Revue Medicale.

Gazette des Hopitaux.

Journal des Connaissances Chirurgicales, Paris.

Gazette Medicale, Paris.

BOOKS RECEIVED, &c.

Since our last issue the following Books and Journals have been received in exchange, &c.:

Report of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their Annual Meeting, January 26, 1853.

Report of the Board of Managers of the (Missouri) State Lunatic Asylum, to the Seventeenth General Assembly, for 1852.

Report of the Blackwell's Island Lunatic Asylum, dated January 1, and addressed to the Governors of the (New-York) Alms House.

Report of the Board of Visitors of the Maryland Hospital for the Insane, near Baltimore, to the General Assembly of Maryland, for the year 1852.

Report of a Committee on the erection of a New Building, made to the Board of Regents of the South Carolina State Lunatic Asylum.

The Chaplain's Report to the Regents of the South Carolina State Lunatic Asylum.

Report of the Pennsylvania Hospital for the Insane, for the year 1852. By Thomas S. Kirkbride, Physician to the Institution.

Annual Reports of the Officers of the New-Jersey State Lunatic Asylum, at Trenton, for the year 1852.

Third Biennial Report of the Illinois State Hospital for the Insane, 1851-2.

Twentieth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, December 1852.

Report of the New-York State Asylum for Idiots, 1852.

Twenty-fifth Annual Report of the Western Lunatic Asylum of Virginia, 1852.

Twenty-seventh Annual Report of Prison Discipline Society.

Report of the Maine Insane Hospital.

Report of the Boston Lunatic Hospital, 1851-2.

Report on the Lunatic Asylum for the District of Columbia.

Report of the Ohio State Lunatic Asylum, for 1852.

Report of the Commissioners to build an Insane Hospital in the State of Maryland.

Sixteenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane, August, 1852.

The Tenth Annual Report of the Mount Hope Institution, near Baltimore, for the year 1852.

Report of the Board of Trustees of the Massachusetts General Hospital, presented to the Corporation at their Annual Meeting, January 26, 1853.

Twenty-fourth Annual Report of the Inspectors of the Eastern State Penitentiary of Pennsylvania.

Report of the Board of Commissioners and of the Superintendent of the Provincial Asylum of New Brunswick, for the year 1852.

Introductory Lecture to the second Course in the Medical Department of the University of Nashville. By W. K. Bowling, M. D. From the Author.

Journal of Proceedings of the Board of Supervisors of the County of Oneida, at their Annual Meeting in November and December, 1852.

Introductory Address delivered by Professor J. C. Hughes, before the Class of Medical Students, at the opening of the Session of 1852-3, of the College of Physicians and Surgeons of the Iowa University. From the Author.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M. D., and C. B. Radcliffe, M. D.

Prize Essay on Variations of Pitch in Percussion and Respiratory Sounds, and their application to Physical Diagnosis. By Austin Flint, M. D. From the Author.

Lectures on the Science of Life Assurance. By Moses L. Knapp, M. D. Second Edition.

Report of the Commissioner of Patents, for the year 1851. Part I. Arts and Manufactures.

Sixth Annual Report of the Regents of the University of the State of New York, on the Condition of the State Cabinet of Natural History, and the Historical and Antiquarian Collection annexed thereto. Made to the Senate, January 22, 1853.

Annual Report of the Trustees of the State Library of the State of New York. Transmitted to the Legislature, February 13, 1853.

New York Assembly Documents, of 1852. Seven volumes. From the Regents of the University.

New York Senate Documents, of 1852. Three vols. From the same. Laws of New York. 75th Session. One vol. From the same.

Second Report on Meteorology to the Secretary of the Navy. By James P. Espy.

Chemistry : Its Importance to the Physician. An Introductory to the course of Lectures on Medical Chemistry and Pharmacy in the Medical Department of Pennsylvania College. By John J. Reese, M. D. Published by the Class. From the Author.

Report on the Culture of the Potato. By C. E. Goodrich.

Report of Board of Health on Cholera in the city of Rochester.

New-Hampshire Journal of Medicine. Edited by Edward H. Parker, A. M., M. D. Dec., Jan., Feb. Concord. (Monthly.)

Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D. Vol. xlvii. nos. 22, 23, 24, 25, 26. Vol. xlviii. nos. 1, 2, 3, 4, 5, 6, 7. Boston. (Weekly.)

Nelson's Northern Lancet, and American Journal of Medical Jurisprudence. Horace Nelson, M. D., Editor and Proprietor. Plattsburgh, N. Y. (Monthly.) Not received since October, 1852.

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science. Edited by Austin Flint, M. D. January, February and March. Buffalo.

New-York Journal of Medicine, and the Collateral Sciences. Edited by Samuel S. Purple, M. D., and Stephen Smith, M. D. January and March. New-York. (Bi-monthly.)

The Scalpel : a Journal of Health, adapted to popular and professional reading, and the Exposure of Quackery. Edited by Edward H. Dixon, M. D. February. New-York. (Quarterly.)

The New-York Medical Gazette, and Journal of Health. Edited by D. M. Reese, M. D., LL. D. January, February, and March. New-York. (Monthly.)

New-York Medical Times. H. B. Bulkley, M. D., Editor and Proprietor. January, February, March. New-York. (Monthly.)

New-Jersey Medical Reporter, and Transactions of the New-Jersey Medical Society. Edited by Joseph Parrish, M. D. Jan., Feb., and March. Burlington. (Monthly.)

The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D. January. Philadelphia. (Quarterly.)

The Medical Examiner, and Record of Medical Science. Edited by Francis Gurney Smith, M. D., and John B. Biddle, M. D. January, February, and March. Philadelphia. (Monthly.)

Medical News and Library. January. Philadelphia. (Monthly.)

American Journal of Pharmacy, published by authority of the Philadelphia College of Pharmacy. Edited by Wm. Procter, Jun. 3d series. January and March. Philadelphia. (Bi-monthly.)

Journal of the Franklin Institute of the State of Pennsylvania for the Promotion of the Mechanic Arts. Edited by John F. Frazer: assisted by the Committee on Publication of the Franklin Institute. January, February and March. Philadelphia. (Monthly.)

Dental News-Letter. January. Philadelphia, New-York, and Boston. (Quarterly.)

The American Journal of Dental Science. Edited by Chapin A. Harris, M. D., D. D. S., and Alfred A. Blandy, M. D., D. D. S. January. Philadelphia. (Quarterly.)

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. January. Philadelphia.

Western Lancet; a monthly Journal of Practical Medicine and Surgery. L. M. Lawson, M. D. editor and proprietor. January. Cincinnati, (monthly.)

Ohio Medical and Surgical Journal, edited by Richard L. Howard, M. D. March. Columbus. (Bi-monthly.) January No. not received.

The American Psychological Journal. Edited by Edward Mead, M. D. No. 1. vol. i. Cincinnati. (Monthly.)

Transylvania Medical Journal. Edited by L. J. Frazee, M. D. December, January and February. Louisville. Published on the 15th of each month. (The following numbers are wanted; vol. i. no. 1.; vol. ii. nos. 1 and 3. Of the new series, nos. 9, 10, 12, 13, 14, 16, 17, and 20. Also the no. for November last.)

The Southern Journal of the Medical and Physical Sciences, edited by Drs. S. W. King, W. P. Jones, and F. A. Ramsey, in the Department of Practical Medicine and Surgery: R. O. Curry, in that of Chemistry and Pharmacy: B. Wood, in Dental Surgery: corresponding editor, Thomas Atchison, Ky. March. Nashville, Tenn. (Bi-monthly.)

East Tennessee Record of Medicine and Surgery, edited by Frank A. Ramsey, A. M., M. D. Published under the auspices of the East Tennessee Medical Society. January, 2 copies. Knoxville. (Quarterly.)

Nashville Journal of Medicine and Surgery, edited by W. R. Bowling, M. D., assisted by Paul F. Eve, M. D., January and February, Nashville, Tenn. (monthly.)

St. Louis Medical and Surgical Journal, edited by Drs. M. L. Linton, and W. M. McPheeters; assisted by Drs. John S. Moore, John B. Johnson, and A. Hammer. No. for January and February. St. Louis. (Bi-monthly.)

Southern Medical and Surgical Journal, edited by L. A. Dugas, M. D. January, February and March. Augusta, Ga. (monthly.)

Charleston Medical Journal and Review, edited and published by D. J. Cain, M. D., and F. Peyre Porcher, M. D. January. Charleston, S. C. (Bi-monthly.)

The Stethoscope and Virginia Medical Gazette. A monthly Journal of Medicine and the Collateral Sciences, edited by P. Clairborne Gooch, A. M., M. D. Jan. and Feb. 2 copies. Richmond, Va. (monthly.)

New Orleans Monthly Medical Register, edited by A. Forster Axson, M. D. January. New Orleans.

New Orleans Medical and Surgical Journal. A. Hester, M. D. editor and proprietor. January and March, (also No. 1. vol. 8., to complete set, received.) New Orleans. (Bi-monthly.)

The Pennsylvania Journal of Prison Discipline and Philanthropy, Published Quarterly, under the direction of the "Philadelphia Society for alleviating the miseries of Public Prisons," instituted 1789. October, Philadelphia.

The Prisoner's Friend, a monthly Magazine. Charles Spears, editor and proprietor. Jan and Feb. Boston.

Rhode Island Educational Magazine. December.

American Phrenological Journal. January. New-York. (Monthly.)

Water Cure Journal. January. New-York. (Monthly.)

FOREIGN EXCHANGES.

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M. D. Nos. for October 1852, and January 1853.

The Dublin Quarterly Journal of Medical Science. Feb. 1, 1853. (With the present No. we send Nos. of our Journal mentioned as wanted to complete your set. Please send us Nos. 3, 13, 16, 22, 25, 26, 28, to complete our set.)

The Dublin Medical Press, to Feb. 16th, 1853.

British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. Re-published in New-York by S. S. and W. Wood. January.

The London Lancet, (the English edition,) Nos. 3, 4 and 6, 1853.

The Morning Chronicle [London] of Jan. 15th, 1853, containing a Report of the Commission of Lunacy held on the case of the Earl of Eldon. Dr. Forbes Winslow presiding commissioner.

First Annual Report of the Wilts County Asylum, Devizes, for the year 1851.

Annales Medico-Psychologiques, October 1852.

Journal de Medecine et Chirurgie Pratiques. Par Lucas-Championniere. November and December, 1852.

Bulletin de L'Academie Imperiale de Medecine. Nos. 6, 7 and 8.

Revue de Therapeutique Medico-Chirurgicale. Nos 1 and 2. Semi-monthly. The wood-cuts in this journal are extremely neat.

Revue Medecale, from August 16th to December 15th, inclusive.

Gazette Medicale de Paris. Nos. 48, 50 and 51.

Gazette des Hospitaux. No. 140 to 153, and Index. Nos. 1 to 6, inclusive, of 1853.